



Health History Form

Please complete a separate form for each child that you register.

Child's Name: _____

Name of family doctor: _____

Family doctor's phone #: _____

My child takes the following medicines, and I will be sending them with him/her each day *(All medications must be sent with your child to the camp. The Humane Society of Utah is not responsible for any lost or stolen medication, or ensuring that your child takes his/her medication. This is the sole responsibility of your child. The Humane Society of Utah cannot administer medication to your child.)*

Does your child have any medical issues we should be aware of? *(Please include allergies, medical conditions, etc., that you feel we should know about in order to properly care for your child. Campers will be introduced to many types of animals during their camp experience, including, but not limited to, dogs, cats, exotic pets, and wild animals. If your child has a severe allergy to animals, you must check with the Humane Education Director prior to registration to determine if our H.E.R.O. after school program is a safe option for your child.)*

Please share any information concerning your child's behavior that may affect his/her time at camp *(This includes shyness, socialization difficulty, stress issues, fear of animals, or any other behavioral issues.)*

I know of no reason(s), other than the information indicated above, why my child should not participate in prescribed activities. I also agree that my child can be released to anyone I specified on



the registration form as a parent/guardian, approved camper pick-up list person or emergency contact. Additionally, anyone who I verbally confirm may pick up my child if I am called by HSU staff because someone present is not on my list.

Signature of Parent or Guardian: _____ Date: _____