

SUMMER PROGRAM HEALTH HISTORY

Child's Name: _____

Current residence: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact (Parent or Legal Guardian): _____ Phone: _____

2nd Emergency Contact (Other than Parent Above): _____ Phone: _____

Primary Care Physician or other provider of medical care: _____ Phone: _____

HEALTH INFORMATION:

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? NO

YES, and SUMMER PROGRAM participation was discussed with the participant's healthcare provider including considerations related to risk of Covid 19.

Explain health problems and any considerations:

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's program experience is positive? NO

YES, Explain: _____

IMMUNIZATION INFORMATION:
Must list current residence above.

For participant who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the participant have any immunization exemptions because of a parental or guardian objection or medical contraindication? NO

YES, List: _____

For participant who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

Parent or Legal Guardian's Signature

Date