

Camp Friedenswald Winter Youth Camp
Health Form

Full Name of Participant: _____ Date of Birth: _____

Date of Last Tetanus Shot: _____

Allergies: _____

Please describe any physical or mental limitations on this camper's ability to engage in all Camp Friedenswald activities:

*Please provide medical records stating the limitations set by attending physicians, where you believe to be necessary or helpful.

Participant's Signature: _____ **Date:** _____
(If over 18 years of age)

Participant's Printed Name: _____
(If over 18 years of age)

Parent/Guardian's Signature: _____ **Date:** _____

Parent/Guardian's Printed Name: _____

1/2015

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