

BUCK'S RANCH CAMPS

302 Faith Way
Waynesboro, TN 38485
931-722-7770
www.bucksranchretreat.com

Day Camper Health History

Camper's Name: _____ Gender: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Parent/Guardia Name(s): _____
Phone #: _____ Phone #: _____

Emergency Contacts:

- 1) Name: _____ Relationship to Camper: _____
Cell Phone #: _____ Home Phone #: _____
- 2) Name: _____ Relationship to Camper: _____
Cell Phone #: _____ Home Phone #: _____
- 3) Name: _____ Relationship to Camper: _____
Cell Phone #: _____ Home Phone #: _____

Insurance Information: Please attach a (front and back) photo copy of insurance card to this form.

Insurance Company: _____ Policy #: _____
Address: _____ Group #: _____
Name of Insured: _____ Policy Holder ID#: _____
Name of Primary Physician: _____ Phone #: _____
Name of Dentist: _____ Phone #: _____

General Information:

Is there any reason to restrict the camper from any camp activity? YES NO
If yes, please explain: _____

Does the Camper have any health concern or special needs? YES NO
If yes, please explain: _____

Are all immunizations up to date? YES NO Date of last Tetanus shot: _____

Please list all known allergies (food, medication, other):

Does the Camper have any dietary restrictions? YES NO
If yes, please explain: _____

