

VILLAGE OF TIVOLI
SUMMER RECREATION PROGRAM
CAMPER HEALTH HISTORY FORM

Name: _____

Address: _____

Date of Birth: _____

Emergency Contact: _____

Immunization History

Provided: _____

Recent injuries or illnesses (Please explain):

Health/Physical Limitations or Restrictions:

Special Needs: _____

Allergies: _____

Please provide information you feel would benefit us while your child attends the Tivoli Summer Recreation Program: _____

We look forward to a fun and enjoyable program with your child/children!!!