



Camp Ak-O-Mak

2010

MEDICAL HISTORY ~ 1 OF 5

Health History: VERY Important and MUST Be Completed

Camper's Name: _____

ALLERGIES:

MEDICATION ALLERGIES: (LIST ALL)

DESCRIBE REACTION:

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

FOOD ALLERGIES: (LIST ALL)

DESCRIBE REACTION:

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

DIETARY RESTRICTIONS:

1. _____ Does not eat red meat

4. _____ Does not eat eggs

2. _____ Does not eat pork

5. _____ Does not eat dairy products

3. _____ Does not eat poultry

6. _____ Does not eat seafood

7. _____ Other (please describe) _____