



**Coastal Roots Farm – Farm Camp**  
**Health Form**  
(ONE FORM PER CHILD)

Child's name \_\_\_\_\_

Parents/Guardian names \_\_\_\_\_

Dates your child will be attending drop-off program(s) \_\_\_\_\_

**HEALTH HISTORY**

Child's age \_\_\_\_\_ Child's current grade level \_\_\_\_\_

Date of the last tetanus shot \_\_\_\_\_ Date of last health exam \_\_\_\_\_

Operations or serious injuries (dates) \_\_\_\_\_

Chronic or recurring illness(es) \_\_\_\_\_

Comments \_\_\_\_\_

**MEDICAL CONDITIONS**

Check any condition that applies and elaborate if necessary:

\_\_\_ hay fever \_\_\_ poison oak \_\_\_ drug allergies \_\_\_ food allergies\* \_\_\_ heart trouble

\_\_\_ asthma \_\_\_ epilepsy \_\_\_ bee/insect allergies \_\_\_ medicine \_\_\_ diabetes \_\_\_ other

\*Some camps may use or eat food as part of the activity.

Does your child carry an Epi-Pen? \_\_\_\_\_ If yes, what is the allergy? \_\_\_\_\_

Comments on any checked items: \_\_\_\_\_

**SPECIAL NEEDS**

Dietary or mobility needs and/or restrictions \_\_\_\_\_

Current medications \_\_\_\_\_

California law requires children to be immunized. Children are exempt from immunization requirements only if a parent or guardian submits a written statement from a licensed physician (M.D. or D.O.)

**By signing my name, I certify the above medical information is correct and that my Child(ren) are up to date with their immunizations.**

Name of Parent/Legal Guardian (please print) \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_