



**2018 OLYMPIA UP- DATED HEALTH FORM
ONLY FILL OUT IF HEALTH INFORMATION HAS CHANGED
FROM ORIGINAL HEALTH FORM**

**PLEASE SEND TO CAMP IMMEDIATELY
BEFORE CAMPER ARRIVES AT CAMP**

CIRCLE WEEK(S) AND PRINT PROGRAM(S) ATTENDING:

WEEK(S)	1	2	3	4	5	6	7	8	9
PROGRAM(S)									

CAMPER NAME _____ **BIRTHDATE** _____

HEALTH CARD #

PLEASE ADD ADDITIONAL INFORMATION ABOUT YOUR CHILD ON THIS PAGE

Signature of Parent / Guardian _____ **Date** _____