

**UD&M BOOT CAMP HEALTH HISTORY**

Dancer's Name: \_\_\_\_\_ Dancer's Date of Birth: \_\_\_\_\_

Current Residence: \_\_\_\_\_

---

**EMERGENCY CONTACT INFORMATION**

Emergency Contact 1 (Parent or Legal Guardian)

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact 2 (Other than above)

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician or other provider of medical care

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INFORMATION**

Is there any health information including physical, psychiatric, behavioral, developmental, etc. of which we need to be aware?  NO

YES, Explain: \_\_\_\_\_  
\_\_\_\_\_

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?  NO

YES, Explain: \_\_\_\_\_  
\_\_\_\_\_

**IMMUNIZATION INFORMATION**

**For dancers who currently reside within the United States**, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication?  NO

YES, Explain: \_\_\_\_\_  
\_\_\_\_\_

**For dancers who reside outside the United States**, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896:  
<https://shorturl.at/byBFL>

---

Parent or Legal Guardian's Signature

Date