

# 2024 Sequoia Day Camp Health History

**Mail or E-mail to:**  
The Sequoia Club  
PO Box 58204  
Nashville, TN 37205  
manager@sequoiacub.net

**Sessions: (1) June 10 – June 21 (2) June 24 – July 5 (3) July 8 – July 19**

Camper Name (s)	Age	Birth Date	Gender	Camp Session (1), (2), or (3)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Parent Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**The camper listed has been examined. In addition, the health history and immunization records have been reviewed. There are no apparent contradictions to participation in camp activities except as stated below.**

Comments, special problems, allergies, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Examiner's Signature:**

## IMMUNIZATIONS

Please attached updated immunization record/s with dates of all immunizations.