



## 2026 Sequoia Day Camp Health History

**Mail to:**

Sequoia Club, Inc.  
PO Box 58204  
Nashville, TN 37205

**Sessions: (1) June 8 – June 19 (2) June 23 – July 3 (3) July 6 – July 17**

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

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

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

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

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

Comments, special problems, allergies, etc.

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

Pediatrician's signature: \_\_\_\_\_

### IMMUNIZATIONS

Please attached updated immunization records with dates of all immunizations.