

# Camp Medical Information Form

\*please return this form to your child's current teacher by Friday, June 16<sup>th</sup>

## Student Information

Child's Name (first and last): \_\_\_\_\_ Grade as of Sept. 2017: \_\_\_\_\_

Care Card Number: \_\_\_\_\_

## Contact Information

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

## Medical Information

My child does not have any medical conditions or allergies.

*My child has the following medical condition(s) (check all that apply):*

Food Allergies (please list any allergies that the kitchen should be aware of and identify the severity):  
\_\_\_\_\_  
\_\_\_\_\_

Other Allergies (e.g. specific drugs, insect stings, hay fever): \_\_\_\_\_  
\_\_\_\_\_

Child Carries Epi Pen (indicate what it is used for): \_\_\_\_\_

Child has an inhaler (indicate what it is used for): \_\_\_\_\_

Child has a medical or physical condition that may affect their participation at camp (please specify):  
\_\_\_\_\_  
\_\_\_\_\_

Child requires prescribed medications during camp time. Please specify medications. *(please put the medication in a Ziploc bag that is labeled with the child's name and dosage – will be given to camp nurse to administer):* \_\_\_\_\_  
\_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_