

MEDICAL INFORMATION

Name _____ Age: _____

Address _____

Home Tel. No.(_____)_____ Other contact No.(_____)_____

Name of doctor _____ Medical No. _____

Does your child have any known allergies? _____

If so specify _____

Does your child take any medication? _____

If so specify _____

Any comments you wish to add? _____

In your absence, who do you wish to be contacted ?

Please list 2 persons: name ,telephone, and relationship to the child.

(1) _____

(2) _____

If necessary will you give permission to obtain medical assistance? Yes__ No ____

In my opinion, the above named camper is physically fit for camp activities. ____

Please list any exceptions _____

Signed (Parent or Guardian) _____

* Any medication a staff member or camper brings to camp must be handed over to the camp director with instructions written clearly. Please mail or bring this form to camp with your child.