



Day Camp Medical Information

Child's Name _____ DOB _____ Age _____

Parent/Legal Guardian _____

Phone #'s: Home _____ Work _____ Cell _____

Address _____ City _____ Zip _____

Emergency Contact _____ Phone # _____

Physician Name _____ Phone # _____

Preferred Hospital _____

About your child

Medication(s) currently using _____

Medical conditions or limitations we need to be aware of: _____

Allergies _____

NOTE – VERY IMPORTANT!

If your child is currently taking prescription medication that requires a dosage during scheduled camp hours, you must complete an **Authorization for Dispensing Medication** form. Without this form, your child will not be able to take their medication as prescribed. A parent will be called or medical personnel if parent is unable to be reached. Medication must be given to Camp Supervisor to be locked up. Children are not allowed to carry medications of any kind with them during camp hours. Failure to abide by this policy will result in your child being suspended from our camp program.

Parent/Legal Guardian Signature

Date