Emergency and Medical Information

Name of camper(s): _____ _____
(Last) (First)

_____ _____

_____ _____

_____ _____

Parent/Guardian Name: _____

Relationship to camper: _____

Cell phone number: _____ Work Number: _____

Additional Emergency Contact: _____

Relationship to camper: _____

Cell phone number: _____ Work Number: _____

Does your child take any medications regularly? ☐ Yes ☐ No

Name of medication, dosage and the condition medication is for:

_____

_____

Are there any allergies or health conditions that we should be aware of? ☐ Yes ☐ No

Describe: _____

_____

_____

Parent signature: _____ Date: _____

Comments: