

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Middle School Attending: \_\_\_\_\_

Parent / Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Contact (if difference than above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Primary Physician / Pediatrician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does the student have any **food** or **environmental** allergies (bee stings, cats etc....)? YES NO

If YES, please list:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Does the student have a prescription Epi Pen for his/her allergies? YES NO

**If yes, please bring in medication along with a completed Parent/Physician Medication Authorization Form (available on camp website)**

Does the student have any known medical conditions? YES NO

If YES, what are these medical conditions?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Will the student need to take medication while attending camp? YES NO

**If yes, please provide medication along with the completed Parent/Physician Medication Authorization Form to the camp nurse on the first day of camp.**

Does the student have any special needs? If yes please explain:

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