

## CAMPER INFORMATION FORM

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Camp Name:

Camp Date:

Child's name:

Parent/Guardian Name(s)\*:

Home Address:

Phone Number:

Alternate Phone Number:

Emergency Contact Name:

Phone Number:

\*Only parents/guardians can make decision on behalf of the camper.

### ALTERNATE PICK UP

Alternate Pick Up: I give permission for the following people to pick up my child. Children will only be released to individuals who are listed and present identification.

- 1.
- 2.
- 3.

### EPIPEN INFORMATION

If your child requires the use of an EpiPen, complete the information below.

Allergy:

Signs and symptoms of allergic reaction:

Campers that have known allergies and require an EpiPen must always have it on their person – except when in the pool. Children without their EpiPen will have to be picked up by a parent/guardian or have it brought to camp immediately in order to participate.

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A copy of this form must be submitted for each camp your child has been registered in. Please bring it on the first day of camp.

## **PRESCRIPTION MEDICATION**

If your child requires prescription medication to be dispensed during the day, complete the information below. Only send the daily prescribed dosage of medication for your child. Medication must be in the original container with dispensing instructions. Camp staff will dispense medication for your child to administer on their own.

Name of medication to be dispensed:

Storage instructions:

Time medication is to be dispensed:

Dosage:

Dispensing instructions (i.e. - must be taken with food):

Side effects:

Parent/Guardian signature:

Date: