

Medical Form and Guardian List

Please bring this to camp on the first day

Full Legal Name: _____ Birthdate: YYYY/MM/DD ____/____/____

Health Card #: _____ Home/Cell Phone #: _____

Doctors Name and Phone #: _____

Detailed Health Information (If no BC Medical) _____

Emergency Contact Name: _____ Relationships _____

Phone # _____ Alternate phone # _____

Camper Medical Information:

Does your child have any food allergies or diet restrictions?

Does your child have any illness, learning disability, or any medical conditions that our staff should be made aware of

Is your child on any medication? Please list _____

Suggestions from parents on behavior management or special needs for your child _____

Guardians authorized for pick-up

Please list the Guardians who are authorized to pick up your child from camp

1) Name(relationship) _____ Phone _____

2) Name (relationship) _____ Phone _____

3) Name (relationship) _____ Phone _____