

Summer Camp Camper Medical Information Form

Camper Name

Date of Birth

Age

Parent/Guardian Name

Contact Phone

Emergency Contact Name

Emergency Contact Phone

Medical Information

Health Insurance Provider

Policy Number

Primary Physician Name

Physician Phone

Allergies (Food, Medication, etc.)

Medical Conditions (Asthma, Diabetes, etc.)

Medications (Name & Dosage)

Dietary Restrictions

Permissions & Agreements

Permission for Emergency Medical Treatment

Other Notes or Instructions

Parent/Guardian Signature

Date