Summer Camp Student Medical Information Form

| Student Information | | | | | |
|---|--|--|--|--|--|
| Full Name | | | | | |
| Date of Birth | | | | | |
| Gender | | | | | |
| Parent/Guardian Contact | | | | | |
| Parent/Guardian Name | | | | | |
| Phone Number | | | | | |
| Email Address | | | | | |
| Emergency Contact | | | | | |
| Contact Name | | | | | |
| Phone Number | | | | | |
| Relationship | | | | | |
| Medical Information | | | | | |
| Physician's Name | | | | | |
| Physician's Phone | | | | | |
| Health Insurance Provider | | | | | |
| Insurance Policy Number | | | | | |
| Medical Conditions & Allergies | | | | | |
| | | | | | |
| Medical Conditions | | | | | |
| | | | | | |
| Allergies | | | | | |
| | | | | | |
| Current Medications | | | | | |
| Other Information | | | | | |
| | | | | | |
| Special Instructions / Additional Notes | | | | | |