Summer Camp Food Allergy Disclosure Form

Camper Information

Full Name
Dete of Dirth
Date of Birth
Parent/Guardian Name
O and and Moundaine
Contact Number
Food Allerey Details
Food Allergy Details
List All Known Food Allergies
Describe Reaction/Severity
Does camper require medication (e.g., epinephrine)?
Treatment Plan
Emergency Action Plan (if reaction occurs)
Physician Name
Physician Contact
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Authorization
Parent/Guardian Signature

Date		