

MEDICAL INFORMATION CARD

Print all information

Camper's Name _____

Nick Name _____

Date of Birth _____ Grade _____

Mother/Guardian _____ Daytime Phone _____

Father/Guardian _____ Daytime Phone _____

Child lives with: _____

Emergency Contact Person _____ Daytime Phone _____

Family Medical Insurance _____ Policy # _____

Doctor's Name _____ Phone _____

The well being of your child is important to us. Is there anything special you want us to know about your child?

Allergies (Hay fever, poison ivy, insect bites, medications, asthma, etc.)

What activities can your child NOT participate in?

Is camper currently taking medications? Yes _____ No _____

What medication? _____ What for? _____

List medications your child may have to bring to camp. _____

EMERGENCY AUTHORIZATION: I understand that in any activity there is an inherent risk involved. Parent/guardian signature on this medical form indicates recognition of risks, permission to participate and consent for the staff of East Granby Recreation to secure emergency medical treatment in the event I cannot be reached.

Signature of Parent/Guardian

Date