



Student Life Medical Information Form

Camp: ___Winter Camp 2020_____

Student Name:_____

Parents Name:_____

Emergency Contact Daytime: Name:_____No._____

Evening: Name:_____No._____

List ALL Allergies: Drug_____Food_____

Insect/Plant_____Diet Restrictions_____

List any diagnosed illnesses or issues (physical, emotional, behavioral disorders and learning disabilities:

List ALL medications student will require while at camp and reason for taking medicine. *(*Note: All medications, whether prescribed or over the counter, must be in original manufacturer's packaging and/or pharmaceutical approved packaging with pharmacy labels containing medicine name, student name, doctors name and dosage required. Medications not in appropriate packaging will be considered and handled as contraband)*

Is the student capable of self-medicating, or is staff support needed?

List any medical condition that could in any way hinder student involvement in camp activities.

Are student's immunizations, including tetanus shot, up to date? Yes____No____