



Summer Camp Medical Form

Student Name: _____ Birthdate: ____/____/____

Gender: _____ Age: _____ Height: _____ Weight: _____

ALLERGIES

☐ Yes my child has allergies

☐ No my child has no known allergies

If yes, please list any allergies your child has that we need to be aware of:

MEDICATIONS

☐ No Medications taken on a routine basis

☐ Medications taken as follows:

Medication: _____ Dosage: _____

Time to be given: ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ As Needed

Reason for medication: _____

Medication: _____ Dosage: _____

Time to be given: ☐ Breakfast ☐ Lunch ☐ Dinner ☐ Bedtime ☐ As Needed

Reason for medication: _____

***Attach additional pages for more medications**

OTHER

Is there any other information that we might need to know about your child? If so, please explain below:
