



Allergy Information Form

Camper Name: _____ Camper Age: _____

Guardian Name: _____ Guardian Phone Number: _____

Guardian Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Address: _____

Campers Physician: _____

Camper Physician Phone Number: _____

Winter Arts Camp Session (Check One):

AM Session _____

PM Session _____

Full Day Session _____

Does your camper have allergies?: _____

Please describe allergy (seasonal, food, drug, insects, etc.): _____

Does your child require an inhaler?: _____

Does your child require an Epi-Pen? _____

If your child has an allergy that could result in anaphylaxis (example: tree nut or bee allergy) please note that we strongly encourage providing your child with an Epi-Pen to keep at the program site. If a child brings an Epi-Pen, inhaler, or other medication to camp you are required to also fill out and submit the Medical Authorization Form.

Guardian Signature: _____