



MEDICAL EMERGENCY CARD

Please return this card by Wednesday, June 17, 2020

Child's Name _____ Birthdate _____ Age (by 6/1/2020) _____

Address _____ Phone # _____

Parent Name _____ Cell # _____ Work # _____

Parent Name _____ Cell # _____ Work # _____

Physician's Name _____ Phone # _____

IN CASE OF EMERGENCY PLEASE CALL (If parents cannot be reached):

Name _____ Phone # _____ Relation to Child _____

Name _____ Phone # _____ Relation to Child _____

List any allergies (food, drug, insects, etc.): _____

Describe reaction and preferred treatment: _____

List any medications and dosage that your child takes regularly: _____

ALL MEDICAL CARDS MUST BE COMPLETED AND RECEIVED BY WEDNESDAY, JUNE 17, 2020

Does your child have any significant health concerns? Yes No If so, please describe (include treatment): _____

Please list any restrictions or concerns regarding your child and camp activities: _____

May your child be given Tylenol? Yes No Benadryl? Yes No Motrin? Yes No Tums? Yes No

Height (in.) _____ Weight (lbs) _____ Medical Insurance _____ Policy# _____

Please provide a copy of all immunizations your child has received to date.

I verify that (child's name) _____ is up to date on all immunizations.

Physicians Signature _____ Date _____

I give permission to carry out any first aid treatment deemed necessary for the well being of my child. _____

In an extreme emergency, your child will be transported to the nearest hospital as determined by the Camp Nurse.

Parent Signature _____ Date _____