

HEALTH CARE PLAN
SEVERE ALLERGY TO: _____

Camper Name: _____

Birth Date: _____

Allergies/Medical (food, insects, etc):	Reaction:
_____	_____
_____	_____
_____	_____

REMINDER: Campers must bring 2 Epi-Pens. One will remain stay in the Camp Administration office. The other will come to camp daily, stay with the camper, and return home.

EMERGENCY INFORMATION

Parent/Guardian		
Home Phone:		
Cell Phone:		
Work Phone:		
Home Address:		
Emergency Contact:	Name:	Phone:
Emergency Contact:	Name:	Phone:

Parent/Guardian Signature: _____

Date: _____