

Northwest Mallet Camp 2017

Medical and Dietary Information

Student Name: _____

Date of Birth: _____ Age as of June 2016: _____

M or F (circle one)

Student cell phone number: _____

Parent or guardian name(s): _____

Parent contact phone numbers during the camp: _____

List all food and drug allergies: _____

Date of last tetanus shot: _____

Circle all over-the-counter medications you can take:

Ibuprofen

Tylenol

Aspirin

Neosporin

Benadryl

List any regular medications in use during the camp (this information will be kept confidential and used only if necessary in an emergency): _____

For food allergy sufferers, will you have medication or an epi pen with you in case of emergency at the camp? If so, please explain: _____

In case of emergency, please contact: _____

Phone: _____

Medical Insurance Plan/Policy and ID number: _____

I hereby authorize the Director(s) of the NW Mallet Camp to call for ambulance service or take me or my child to the nearest hospital for treatment in case of emergency and I am unresponsive and the parents cannot be reached.

Student Signature: _____ date: _____

Parent Signature (if under age 18): _____ date: _____