

ALLERGY/MEDICATION FORM FOR 5TH GRADE CAMP

Confidential Information. Completed forms will be kept with the 5th Grade Teachers.

Student Name _____

Does this student have ANY allergies or sensitivities? Please specify.	
What medication is this student currently taking?	
Please note any medical/physical concerns of which we should be aware.	
Does this student have any environmental or seasonal allergies (i.e. hay fever)?	
Does this student have any food restrictions apart from allergies?	
What medications (prescribed or over the counter) might your child need to self-administer during camp hours? PLEASE MAKE SURE A NOTE FROM A PARENT OR GUARDIAN ACCOMPANIES ALL SUCH MEDICATION.	

Parent/Guardian Signature

_____ **Date** _____

Phone Number in case of Emergency _____