

DSU ALL-Sports Camp
Medical and emergency information
2017

Camper's Name _____

Camper's Date of birth _____

Any known allergies (please circle) YES NO

If yes please explain:

Any Medical Issue/ Conditions (please circle) YES NO

If yes please explain:

Any Medication (please circle) YES NO

IF yes, please list all medication, dosage, and any special instruction.

(Please note that if your child has medication that must be brought to camp with them, it must be brought in a clear Ziploc bag, with the camper's name, DOB, dosage and any special instructions)

Parent/ Legal Guardian _____ Date _____

Phone number in case of an emergency _____