



# Camp AK-O-MAK Non Profit



2019

## Kiddie Day Camp Emergency and Health Information Form

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Parent/Guardian: 1 Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian: 2 Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### IN CASE OF EMERGENCY NOTIFY:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Alternate Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### HEALTH INFORMATION:

Current Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Health Card No.: \_\_\_\_\_ Version Code: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Does your child have any emotional/developmental issues: (i.e. Hearing,/Speech/ Developmental Delay?)

Does your child require assistance with toileting?: Please specify \_\_\_\_\_

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