



Emergency Contact and Information

Camper Name _____

- Primary emergency contact

Name _____

Relationship _____

Phone Number _____ Email Address _____

- Secondary emergency contact

Name _____

Relationship _____

Phone Number _____ Email Address _____

- Camper Allergies (food, medication, bee sting, etc.)

- Please describe the nature of the reaction (rash, hives, difficulty breathing, etc.)

- Injury history (recent sprains, fractures, etc.)

- Medical conditions (asthma, diabetes, cardiac disorders, seizure disorders, etc.)

Medications currently taking

Date of last tetanus shot (month/year)
