



## SRYC Summer Camp Allergy Form

Camper Name: \_\_\_\_\_  
(1 form per child please)

Birthdate: \_\_\_\_\_

Parent Contact Information:

Contact #1 Name and Number: \_\_\_\_\_

Contact #2 Name and Number: \_\_\_\_\_

### Food Allergies

Allergic to:	Medication prescribed:
Special Instructions:	

### Natural/Seasonal Allergies

Allergic to:	Medication prescribed:
Special Instructions:	

### Other Allergies

Allergic to:	Medication prescribed:
Special Instructions:	

Epi-pen: Does your child require an epi pen to treat an allergy? Y N. If so please speak with the camp director at registration.

Asthma: Does your child use an inhaler for asthma? Y N if yes my child has been instructed to carry their inhaler to ALL camp activities. Initial\_\_\_\_\_

Initial if you approve of appropriate administration of the following medicines by camp director:

Tylenol (initial)\_\_\_\_\_ Benadryl (initial)\_\_\_\_\_ Tums (initial)\_\_\_\_\_

Is there anything else that we need to know to provide proper care for your child?

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Signed\_\_\_\_\_ (parent or guardian) Date\_\_\_\_\_