

# 2018 St. Brigid's Summer Camp Registration Form

## APPENDIX A – ALLERGY / MEDICATION INFORMATION



Camper Name: \_\_\_\_\_

If your child is bringing medication to camp, please ensure the following:

- Clearly label medication with your child's name and dosage requirements;
- Keep medication in the original container;
- Check the expiry date.

**ALLERGIES –**  Food  Drugs  Insects  Environmental/Seasonal

Specify:

Reactions:

### **MEDICATIONS – Including EpiPen, Inhaler, Prescription Medication, Non-Prescription Medication**

Is your child comfortable taking medication in front of other children?  Yes  No

**Type of Medication**

**Name of Medication**

**Special Instructions:**

e.g. time to be given, administration and storage information

<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription		
<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription		
<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription		
<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription		
<input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription		

### **OTHER MEDICAL INFORMATION**

Please detail any other medical information that we should be aware of: