

2017 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: