

**Allergy Form**

Student's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Camp Week:                      July 4<sup>th</sup> – July 8<sup>th</sup>, 2011                       July 11<sup>th</sup> – July 15<sup>th</sup>, 2011

Do you or your child have any allergies that we should be aware of?

**Student:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

Do you or your child have any medical conditions that we should be aware of?

**Student:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

Additional comments/Special instructions:

**Student:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

