

Open Gym Premier's Camp Allergy Form

Camper Name: _____

Birth Date: _____

(1 form per child please)

Parent Contact Information:

Contact #1 Name and Number: _____

Contact #2 Name and Number: _____

Food 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.

Signed _____ (parent or guardian)

Date _____