

Family Camp Medical Form

Adult Name: _____ Mother Father Grandparent Guardian Other

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Home Address _____ City _____ State _____ Zip _____

Email: _____ Email: _____

Cell Phone _____ Cell Phone _____

Name of Children: _____ Age _____
 _____ Age _____
 _____ Age _____
 _____ Age _____
 _____ Age _____

General Information/ Allergies & Dietary Restrictions

List allergies (non-food) _____

List health restrictions _____

Dietary Restrictions

Does anyone in the family have any dietary restrictions or food allergies? Yes No

Please Explain: _____

(The camp can accommodate most dietary restrictions. If you have questions, please call registration 828-209-6302.)

(Please list any medications taken while staying at camp. Medicine must be brought to camp in its original packaging)

Name	Medication

Emergency Contact: _____ Phone Number: _____