

CULTURE CAMP 2012 MEDICAL INFORMATION

(To be filled out by Parent or Guardian)

Student Name _____ Phone _____

Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Parent/Gaurdian _____ Work Phone _____

Relationship to student _____

Physicians Name _____ Phone _____

Does your child have any physical disabilities?(Explain) _____

Does your child wear glasses or contact lenses? _____

Does your child have : Hay fever? _____ Sinus Problems? _____

Allergies to bites/stings? _____

Other allergies including foods or medicines?(explain) _____

Is your child currently taking any medications?(Explain) _____

Does your child require any special (emergency) medications?(name and explain) _____

Does your child have any special dietary needs? _____

Please list any other information which you think is important for us to know? _____

Parent/Guardian

Signature: _____ Date _____