

## MEDICATION AND ALLERGY FORM

My child, \_\_\_\_\_ will be taking the following **medications** while at gymnastics camp:  
(full name)

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My child is allergic to: \*foods \_\_\_\_\_  
medications \_\_\_\_\_  
other \_\_\_\_\_

**\*IF SEVERE OR RESTRICTIVE FOOD ALLERGY PLEASE LET US KNOW BY EMAIL TO [RKELLEY@IA.UA.EDU](mailto:RKELLEY@IA.UA.EDU) PRIOR TO ARRIVAL AT CHECK IN. WE WILL TRY TO ACCOMMODATE ALL CAMPERS BUT IT MAY BE NECESSARY FOR YOU TO PROVIDE SOME MEALS/SNACKS.**

**Please circle the medications camp staff may administer if necessary:**

Tylenol	Advil	Antihistamine	Mylanta
Cough Medicine	Tums	Cold Tablets	

Form completed by: Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Contact number \_(\_\_\_\_) \_\_\_\_\_

## INSURANCE CARD

**Please make a copy of camper's insurance card and place the copy below:**

Front of Card

Back of Card

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