

Session I or Session II (circle)  
Daycamper or Overnight camper (circle)

**MEDICATION AND ALLERGY FORM**

Fax: 205-348-5349; Email: [bamagymcamp@ia.ua.edu](mailto:bamagymcamp@ia.ua.edu); Mail: Box 870393, Tusc., AL 35487

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

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

**\*If severe or restrictive food allergy please let us know by email to [bamagymcamp@ia.ua.edu](mailto:bamagymcamp@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 pay additional cost involved with substitutions. We can only make special arrangements for food allergies.**

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

Tylenol                  Advil                  Antihistamine                  Cough Medicine                  Tums

Form completed by: Print Name \_\_\_\_\_  
Signature \_\_\_\_\_  
Contact numbers \_( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**INSURANCE CARD**

**Please make a copy of camper's insurance card and tape the copy below before you fax, scan or mail:**

Front of Card

Back of Card

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