

Session I or Session II (circle)

Daycamper or Overnight camper (circle)

MEDICATION AND ALLERGY FORM

Fax: 205-348-5349; Email: 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 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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