

Medication & Allergy Form

My child, _____ will be taking the following **medications** while at gymnastics camp:

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 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 may administer:

Tylenol

Ibuprofen

Antihistamine

Mylanta

Cough Medicine

Tums

Cold Tablets

Swimmers Ear

Form completed by: _____