



GB Camp Excellence Allergy & Pick-Up Authorization Form

Camper Name: _____
(1 form per child please)

Birthdate: _____

Parent Contact Information:

Contact #1 Name and Number: _____

Contact #2 Name and Number: _____

Food Allergies

Allergic to:	Medication prescribed:
Special Instructions:	

Natural/Seasonal Allergies

Allergic to:	Medication prescribed:
Special Instructions:	

Other Allergies

Allergic to:	Medication prescribed:
Special Instructions:	

Epi-pen: Does your child require an epi pen to treat an allergy? Y N. If so please speak with the camp director at registration.

Asthma: Does your child use an inhaler for asthma? Y or N if yes my child has been instructed to carry their inhaler to ALL camp activities. Initial_____

Initial if you approve of appropriate administration of the following medicines by camp director:

Tylenol (initial)_____ Benadryl (initial)_____ Tums (initial)_____

In addition to parents or guardians listed above, who is authorized to check child out of camp?

1. _____

2. _____

3. _____

4. _____

Is there anything else that we need to know to provide proper care for your child?

Signed_____ (parent or guardian) Date_____