

EAST GRANBY RECREATION
MEDICAL INFORMATION CARD
PRINT ALL INFORMATION



CAMPERS NAME: _____

NICK NAME: _____ DATE OF BIRTH: _____ GRADE: _____

MOTHER/GUARDIAN: _____ DAYTIME PHONE: _____ CELL: _____

FATHER/GUARDIAN: _____ DAYTIME PHONE: _____ CELL: _____

CHILD LIVES WITH: _____

EMERGENCY CONTACT PERSON: _____ DAYTIME PHONE: _____

FAMILY MEDICAL INSURANCE: _____ POLICY # _____

DOCTOR'S NAME: _____ PHONE: _____

THE WELL BEING OF YOUR CHILHD IS IMPORTANT TO US.
Is there anything special you want us to know about your child?

ALLERGIES (Hay fever, poison ivy, insect bites, medications, asthma, etc.)

WHAT ACTIVITIES CAN YOUR CHILD NOT PARTICIPATE IN?

IS CAMPER CURRENTLY TAKING MEDICATIONS? Yes _____ No _____

WHAT MEDICATIONS?

WHAT FOR?

LIST MEDICATIONS YOUR CHILD MAY HAVE TO BRING TO CAMP: _____

EMERGENCY AUTHORIZATION: I understand that in any activity there is an inherent risk involved. Parent/Guardian signature on this medical form indicates recognition of risks, permission to participate and consent for the staff of East Granby Recreation to secure emergency medical treatment in the event I cannot be reached.

Signature of Parent/Guardian

Date