

Erie 1 BOCES "Summer at the Center"

Medical and Emergency Contact Form

Student Name: _____ Date: _____

Date of Birth: _____

Middle School Attending: _____

Parent / Guardian Name(s): _____

Home Phone: _____ Cell: _____ Work Phone: _____

Relationship to Student: _____

Emergency Contact (if difference than above): _____

Home Phone: _____ Cell: _____ Work Phone: _____

Relationship to Student: _____

Primary Physician / Pediatrician: _____

Phone Number: _____

Does the student have any **food** or **environmental** allergies (bee stings, cats etc....)? YES NO

If YES, please list:

1. _____

2. _____

3. _____

Does the student have a prescription Epi Pen for his/her allergies? YES NO

If yes, please bring in medication along with a completed Parent/Physician Medication Authorization Form (available on camp website)

Does the student have any known medical conditions? YES NO

If YES, what are these medical conditions?

1. _____

2. _____

3. _____

Will the student need to take medication while attending camp? YES NO

If yes, please provide medication along with the completed Parent/Physician Medication Authorization Form to the camp nurse on the first day of camp.

Does the student have any special needs? If yes please explain:
