**MORSKI TABIR – CAMPER RECORD**

Camper’s Name:Click or tap here to enter text.

Guardian’s Name: Click or tap here to enter text.

**1. ALLERGY INFORMATION:  *If NO allergies please check box→ skip down to section 2.*  Allergies to Medications** (e.g. penicillin, sulfa, etc.) ***EPI Pen?  Please check for yes***

Medicine: Click or tap here to enter text. Reaction: Click or tap here to enter text.

Medicine: Click or tap here to enter text. Reaction: Click or tap here to enter text.

Medicine: Click or tap here to enter text. Reaction: Click or tap here to enter text.

**Allergies to Foods** (e.g. peanuts, fish, berries, etc.) ***EPI Pen?  Please check for yes***

Food Item: Click or tap here to enter text. Reaction: Click or tap here to enter text.

Food Item: Click or tap here to enter text. Reaction: Click or tap here to enter text.

Food Item: Click or tap here to enter text. Reaction: Click or tap here to enter text.

**Other Allergies** (e.g. bees, poison ivy, latex, etc.) ***EPI Pen?  Please check for yes***

Item: Click or tap here to enter text. Reaction: Click or tap here to enter text.

Item: Click or tap here to enter text. Reaction: Click or tap here to enter text.

Item: Click or tap here to enter text. Reaction: Click or tap here to enter text.

**2. ACUTE/CHRONIC MEDICAL CONDITIONS: *If NONE please check box→ skip down section 3.***

Does applicant have any of the following:

asthma  diabetes  enuresis  epilepsy  last seizure: Click or tap to enter a date.

Does applicant have any behavioral problems? (i.e. ADD, ADHD, autism, autism spectrum, OCD) Click or tap here to enter text.

Does applicant have any psychiatric problems? (i.e. anxiety, depression) Click or tap here to enter text.

**3. DIETARY RESTRICTIONS:**

***ANY DIETARY RESTRICTIONS MUST BE RECORDED BY YOUR PHYSICIAN ON YOUR OR YOUR CHILD’S MEDICAL RECORD****.*

*You MUST contact the campground’s medical staff to discuss dietary restrictions to ensure that these needs can be accommodated.*

**Please check if your child is a  vegetarian  vegan** Medically necessary dietary needs (please explain):

Type Here for Explanation.

***By signing below, I certify that the above information is correct.***

**Guardians’ Signature:** Type Here to Sign. **Date:** Click or tap to enter a date.