

Team 4099: RoboCamps
EMERGENCY MEDICAL INFORMATION

Camper's Name

Camper's Age

Allergies or Medications*

Medical Conditions

Dietary Restrictions

Parent/Guardian Name(s)

Phone Number(s)

Emergency Contact (other than parent)

Phone Number

Camper's Physician

Phone Number

* Our staff is not permitted to dispense medication. Please make your own arrangements.