



City of Ann Arbor
Parks & Recreation Dept.
Summer Day Camps
Health & Emergency Information



Child's Name _____

Camp (circle one):

Child's birth date _____ Session Date(s) _____

ARGO GALLUP FULLER BUHR LESLIE

Emergency Contacts

If your child becomes ill or injured, camp staff will contact the following persons **in order**. By listing a person below as an emergency contact, you authorize that person to make a decision on medical treatment for your child. Please list yourself, if you wish to be contacted. You may wish to include your child's doctor(s) in the list.

	Name	Relationship	Home #	Work #	Cell #
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Health History

Please give details of any special medical considerations for your child, including medications, allergies, etc. If your child has serious or dangerous allergies, please describe typical physiological reactions and course of treatment. *Please note: if your child needs to take prescription or non-prescription medicine while at camp, then the parent/guardian will need to fill out a Medication Authorization Form when the child is dropped off at camp. All medicine must be in its original container.*

Do you carry family medical/hospital insurance? _____

Health Carrier _____

Policy/Group# _____

Please indicate any medical treatment your child has had in the past year.

Date

Injury/condition
