



RODEN'S CAMP ADVENTURERS
choose your own adventure

Summer Camp Medical Information Form

Contact Information:

Child's Name _____

Home Address _____

Emergency Contact #1 (Name) _____ (Phone) _____

Emergency Contact #2 (Name) _____ (Phone) _____

Medical Information:

Required medications:

Prescription Name _____ Dosage _____ Time(s): _____

Prescription Name _____ Dosage _____ Time(s): _____

Allergies? _____

Food Sensitivities? _____

Additional Information? _____

Parent/Guardian Authorization: I hereby give permission to *Angel Roden* to provide routine health care, administer prescribed medications, and seek emergency medical treatment. I give permission to *Angel Roden* to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by *Angel Roden* to secure and administer treatment, including hospitalization for the person named above.

Signature of parent/guardian _____

Print Name _____ Date _____