

## Playing At Learning

### EMERGENCY MEDICAL INFORMATION

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Camper's name

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Camper's age

Camper's birthdate

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Allergies or medications\*

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Medical conditions that we should know

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Dietary restrictions

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Parent/Guardian name(s)

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Home phone number

Work phone number

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In case of emergency, please contact (other than parent) phone number

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Camper's physician

Physician's phone number

\*Our staff is not permitted to dispense medication.  
Please make arrangements accordingly.