



Office Use: What Group are they in

\_\_\_\_\_

## Allergy/Medical Condition Form

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

We provide the following snacks: Can your child have them? Circle the ones they cannot have:

Water Ice Pre-Packaged    Popsicles- Pre-Packaged    Ice Cream/Toppings    KONA ICE    Soft Pretzels

You can provide a snack for your child every day. Please let us know if you will be providing ALL snacks: Yes or No

Please list any of your child's allergies and/or any medical conditions that your child may have.

Food Allergy:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication Allergy:

\_\_\_\_\_

Medical Condition:

\_\_\_\_\_  
\_\_\_\_\_

What are the signs/symptoms of your child's allergies reaction or medical condition?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What treatment or medication does your child have in the event of an allergic reaction? What are the procedures for responding if your child has an allergic reaction or a symptom occurs because of his/her medical condition?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If my child has an allergy/medical condition, I authorize that my child's name may be posted in Camp RAD as a reminder to staff to prevent allergic reactions. This is very important to keep your child as safe as possible and involved in a healthy environment.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_