



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

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: _____