Camp Remember Me Medical Form

Full Legal Name: _____

Date of Birth: _____ Gender: Female_____ Male: _____

Home Address:_____

Medical Information:

Do you have any major or minor medical/mental health conditions(s) of which we need to be aware (ex: diabetes, ADD, anxiety, high blood pressure, asthma, etc,)? _____ Yes _____ No

Please specify: _____

Please list all current medications being taken:

_____

_____

Allergies to Medication: _____

Allergies (Other): _____

Food Restrictions (Vegetarian, etc.): _____

Please note all conditions for which the individual named above is currently receiving treatment:

_____

_____

Note any other significant medical information: _____

_____

Please explain and provide guidance on any accommodations The WARM Place staff and your co-counselors might make to ensure a positive experience for you at Camp Remember Me.

_____

_____

_____