

**ALLERGY and MEDICAL CONDITION  
NOTIFICATION FORM**

**Camp Saint Cecilia 2017 "Family"  
Monday, June 26 - Friday, June 30**

Child's Name: \_\_\_\_\_  
Last First

M F  
Please Circle

Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_  
Cell \_\_\_\_\_

Emergency Contact: Please provide **2 besides yourself** who will be available during camp hours

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please list your child's allergy or medical condition and explain the symptoms as well as what should be done:

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Does your child carry any medication? If yes, please explain what it is and where it will be located:

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**NOTE: Parish representatives are NOT permitted to dispense medication; your child will have to take the medicine by himself/herself. St. Cecilia's will NOT PROVIDE any medication; if your child needs medicine, such as Benadryl, please provide it with your child's name on it.**

All of the above information is accurate and I understand that I must provide the necessary medication for my child and that the parish representatives are NOT permitted to dispense medication.

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_