

**ALLERGY and MEDICAL CONDITION
NOTIFICATION FORM**

**Camp Saint Cecilia 2018 "Follow Me"
Monday, June 25 - Friday, June 29**

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:

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

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 _____