

Family Camp Medical Form

Adult Name: _____ Mother Father Grandparent Guardian

Adult Name: _____ Mother Father Grandparent Guardian

Home Address _____ City _____ State _____ Zip _____

Email: _____

Email: _____

Cell Phone _____

Cell Phone _____

Name of Children: _____

Age _____

Age _____

Age _____

Age _____

Age _____

General Information/ Allergies & Dietary Restrictions

List allergies (non-food) _____

List health restrictions _____

Dietary Restrictions

Does anyone in the family have any dietary restrictions or food allergies? Yes No

Please Explain: _____

(The camp can accommodate most dietary restrictions. If you have questions, please call registration 828-209-6302.)

(Please list any medications taken while staying at camp. Medicine must be brought to camp in its original packaging)

| Name | Medication |
|------|------------|
| | |
| | |
| | |
| | |
| | |

Emergency Contact: _____

Phone Number: _____