

CAMPER RECORD (To be filled out by parent)

Camper's Name: _____ D.O.B. _____

Parent's Name: _____ Phone # _____

1. ALLERGY INFORMATION: *If NO allergies please check box, skip down to section 2.*

Allergies to Medications (e.g. penicillin, sulpha, etc.) **EPI Pen?** **Please check for yes**

Medicine: _____ Reaction: _____

Medicine: _____ Reaction: _____

Medicine: _____ Reaction: _____

Allergies to Foods (e.g. peanuts, fish, berries, etc.) **EPI Pen?** **Please check for yes**

Food Item: _____ Reaction: _____

Food Item: _____ Reaction: _____

Food Item: _____ Reaction: _____

Other Allergies (e.g. bees, poison ivy, latex, etc.) **EPI Pen?** **Please check for yes**

Item: _____ Reaction: _____

Item: _____ Reaction: _____

Item: _____ Reaction: _____

2. ACUTE/CHRONIC MEDICAL CONDITIONS: *If NONE please check box, skip down section 3.*

(e.g. asthma, diabetes, ADD, eczema, etc.)

Condition: _____ Treatment: _____

Condition: _____ Treatment: _____

3. DIETARY RESTRICTIONS: *If NO dietary restrictions please check box, skip down to section 4.*

Please be advised that our kitchen serves a well balanced meal that contains all food groups. We do provide lactose free/soy milk if necessary. We will contact you if we cannot accommodate your child's needs.

Please check if your child is a vegetarian or a vegan.

Medically necessary dietary needs (please explain): _____

4. UKRAINIAN LANGUAGE PROFICIENCY

Plast activities are conducted exclusively in the Ukrainian language. For the program's sake and for your child's safety and enjoyment, your child must understand/comprehend the Ukrainian language.

My child's Ukrainian language proficiency/comprehension and oral expression: fluent average other – please explain below

By signing below, I certify that the above information is correct.

Parent's Signature: _____

Date: _____