



PLAST CAMP – CAMPER RECORD

Camper's Name: _____

Guardian's Name: _____

BULAVA

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

Allergies to Medications (e.g. penicillin, sulfa, 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.*

Does applicant have any of the following: asthma diabetes enuresis epilepsy last seizure: _____

Does applicant have any behavioral problems? (i.e. ADD, ADHD, autism, autism spectrum, OCD) _____

Does applicant have any psychiatric problems? (i.e. anxiety, depression) _____

3. DIETARY RESTRICTIONS:

ANY DIETARY RESTRICTIONS MUST BE RECORDED BY YOUR PHYSICIAN ON YOUR OR YOUR CHILD'S MEDICAL RECORD.
You MUST contact the campground's medical staff to discuss dietary restrictions to ensure that these needs can be accommodated.

Please check if your child is a vegetarian vegan

Medically necessary dietary needs (please explain):

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

Guardians's Signature: _____

Date: _____