

MEDICAL INFORMATION FORM

(This form must be received prior to the camp in order for the Camper to participate)

Camper's Name: _____

Birth Date: _____

First M.I. Select Program(s) Camper will be participating:

Parent(s) or legal guardian(s) _____

Telephone Number: (Home) _____ (Cell) _____

(Work) _____

Emergency Contact Person _____

Telephone Number: (Home) _____ (Cell) _____

(Work) _____ Physician: _____ Telephone # _____

Please provide the following information regarding Participant's health:

Medical Allergies _____

Food Allergies _____

Diabetes _____

Asthma _____

Current Medications

Please specify any other health--related conditions of Camper:

I/We certify that the above camper is in good health and able to participate in this program.

Parent/Guardian Signature _____ **Date:** _____

Parent/Guardian Signature _____ **Date:** _____

--