



Day Camp Health Form

An examination by a physician is NOT needed, but please complete the following form for GLLM to have on file during the day camp week. This form is required by Minnesota State Law.

Family Doctor: _____ Phone: (_____) _____-_____

Emergency Contact: _____ Phone: (_____) _____-_____

Relationship to camper: _____

Allergies: Food/Medications/insects/other:	
Epi Pen needed? (GLLM does not provide EpiPens)	Yes / No
Dietary Restrictions:	
Please list any routine medications camp staff will have to administer, including dosage and directions:	
Date of last Tetanus shot: ____/____/____	Camper up to date on immunizations? Yes / No

Is there any other information that we should know about your camper in order to best serve them during the day camp week? _____
