

## BRYANT POND 4-H CAMP AND LEARNING CENTER OVERNIGHT LAKESIDE CLASSROOM PROGRAM HEALTH HISTORY AND MEDICAL AUTHORIZATION FORM

<u>Instructions</u>: We ask that you complete this form in order to help assure that your child's experience at Bryant Pond 4-H Camp & Learning Center will be healthy and happy. <u>It is not necessary to have this form filled out by a physician</u>. **Please return this form to your child's classroom teacher as soon as possible.** Please call 665-2068 with medical concerns or if special circumstances are required. Thank you for your cooperation.

School Name		in a stelene	Male	Female	Section 6	
Participant's Name			Birth Date		mrita/	
Home Address			Email			
Insurance Carrier			Policy Number			
MEDICATIONS BEING TAK medication. If your child re supplies and/or instructions medications while at camp.	quires medicat to vour child's	ion, including over-th classroom teacher on	e-counter drugs/vitaming the day of the program	is, please provide all . Our medical staff v	Heenen med	lication,
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Other allergies (list) - incl	ude insect sti	iigs, iiey ievei, astiiii	na, animai dander, etc.			

Page 1 of 2

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