

Conservatory for the Arts

DANCE CAMP

MEDICAL 2009

MEDICAL INFORMATION

Child's Name: _____

My child has no known allergies.

My child has an allergy to the following food(s): _____

This causes anaphylaxis: yes no

Describe reaction if food is eaten and what is done to manage it: _____

My child is allergic to the following medication(s): _____

My child is allergic to the following substance(s): _____

My child has the following chronic health condition(s): _____

Please provide supportive health information about the condition, your concerns, and what we can/should do:

My child is on the following medication*: _____

*The Conservatory for the Arts DANCE CAMP staff will NOT administer medication, except in an emergency situation, unless we have explicit permission from parents.

What else would you like us to know about your child's health and well-being? (Use separate paper if needed)

Signature of Parent or Guardian

Date