

Medical Information Form

This form is to be completed by Parent/Guardian of any child who lists any health problems upon registration.

Camper's Name _____

Parent/Guardian's Name _____ Phone # _____

Medical Condition One (Please describe in detail):

Treatment for Medical Condition One (Please list any medication you are providing to *Forward Phases* or other steps that should be taken. **If no treatment is to be provided please write "No Treatment."**):

Medical Condition Two (Please describe in detail):

Treatment for Medical Condition Two (Please list any medication you are providing to *Forward Phases* or other steps that should be taken. If no treatment is to be provided, please write "No Treatment."):

If additional medical conditions need to be noted, please fill out an additional form.

Parent Signature _____ Date _____

For Office Use Only:

Date Received by Executive Director: _____

Executive Director's Sign & Initial: _____