

Rinks & Links Medical/Emergency Form

Camper Information

First Name: _____

Last Name: _____

Date of Birth: _____

Age: _____

Emergency Contacts

Parent/Guardian 1:

First Name: _____

Last Name: _____

Phone 1: _____

Phone 2: _____

Email: _____

Parent/Guardian 2:

First Name: _____

Last Name: _____

Phone 1: _____

Phone 2: _____

Email: _____

Medical Information

Is the camper taking any medications?

Yes No

If yes, please list medications and reasons:

Has the camper experienced any of the following?

Special Needs: _____

Allergies or Asthma: _____

Dietary Restrictions: _____

Chronic or Recurring Illness: _____

Operations or Serious Illness: _____

Status of Camper's Vision, Hearing, and Speech:

Additional Information about the Camper's Behavior or Needs:

Parent/Guardian Signature: _____

Date: _____

Roll