

MEDICAL INFORMATION
LUTHERAN CHURCH OF THE GOOD SHEPHERD
VACATION BIBLE SCHOOL
JUNE 22-26. 2009

Camper name _____

Date of Birth _____ Male Female

Grade of camper Sept. 2009 _____

Medication allergies _____

Other allergies _____

Date of last tetanus shot _____

Medications currently being taken

Medical or emotional conditions of which staff should be aware:

Any limitations on camp activities?

Family Physician's Name _____

Family Physician's Telephone _____

Parent signature

NOTE: Our day camp has a nurse on duty each day.