



# Medical Form

**Please fill out this form completely and return it at least one week before camp to [dscgs@smv.org](mailto:dscgs@smv.org). Please complete a separate form for each camper attending camp. If your camper is attending more than one week of camp, you only need to fill out this form once.**

Camper name: \_\_\_\_\_ Camper birthdate: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_ Email: \_\_\_\_\_

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## Medical Information

Please list all of the camper's allergies:

Are there any daily or emergency medications that need to be administered during camp hours? If so, please list all medications and include instructions. *Camp staff is not permitted to give any prescription or over-the-counter medication to your camper unless you provide it.*

Are there any special conditions, needs or preferences (mobility, dietary, emotional, gender expression, etc.) that you would like camp staff to know?

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## Emergency Contacts (to be used only if we are unable to contact the parent/guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

## Liability Release

The information provided above is a complete and accurate statement of the physical and behavioral factors which may affect my camper's participation in summer camp at the Danville Science Center. I hereby grant permission for my camper to participate in summer camp activities. I approve camp staff to carry out any minor first aid treatment when applicable. Medication will not be administered by Science Center staff unless provided by me. I approve the use of emergency medical services selected by the Science Center staff to provide transportation and aid in the event there is a medical emergency with my camper and I cannot be reached.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_