



Danville Science Center Summer Camp Medical Form

Please fill out this form completely and return it at least one week before camp to 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: _____

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?

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: _____