



_____ , _____
 CAMPERS LAST NAME FIRST INITIAL

 PARENT / GUARDIAN SIGNATURE

LIFE SKILLS PREP CAMP - MEDICAL FORM

Please print clearly. Please complete one (1) form per person. Please complete all the blanks on this form. If there is a blank that is not applicable, please write 'n/a' in that blank. Incomplete forms cannot be accepted and we will be unable to provide care until all paperwork has been completed and submitted. If you have any questions about completing this form, please contact Lori Stephens at (941) 312-4777. **This form must be completed, signed by a parent or guardian** and returned to: Lori Stephens at lori@loristephensllc.com or mailed to Life Skills Prep Camp 40 Sarasota Center Blvd., #101 Sarasota, FL. 34240

PARTICIPANTS INFORMATION

PARTICIPANTS NAME		GENDER
DATE OF BIRTH		AGE
ADDRESS		
CITY	STATE	ZIPCODE
HOME PHONE	CELL PHONE	OTHER
EMAIL ADDRESS		
EMERGENCY CONTACT	HOME PHONE	CELL PHONE

HEALTH INFORMATION

ALLERGIES

DRUG ALLERGIES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PLEASE ELABORATE
FOOD ALLERGIES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PLEASE ELABORATE
INSECT ALLERGIES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PLEASE ELABORATE
OTHER ALLERGIES? (ANIMALS, PLANTS, ETC)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PLEASE ELABORATE
ASTHMA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PLEASE ELABORATE

DIETARY NEEDS AND/OR RESTRICTIONS

VEGETARIAN LACTOSE INTOLERANT GLUTEN FREE DIET NO PORK OTHER _____

PLEASE PROVIDE DETAILS:

MEDICATIONS

DO YOU OR YOUR CHILD CARRY AN EPI-PEN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, AN EPIPEN NOTIFICATION FORM MUST BE SUBMITTED TO OUR OFFICE PRIOR TO CAMP.
NAME OF MEDICATION / DOSE (INLCUDE TIMES TO ADMINISTER):			

ANYTHING ELSE WE NEED TO KNOW

IS THERE ANYTHING ELSE WE SHOULD KNOW TO PROVIDE THE BEST CARE FOR YOUR CHILD?

I, THE PARENT/GAURDIAN OF, _____, AUTHORIZE A STAFF MEMBER OF LIFE SKILLS PREP CAMP TO ADMINISTER MY CHILD'S MEDICATIONS AS DIRECTED ABOVE AND PROVIDED BY ME, _____

PARENT / GUARDIAN SIGNATURE _____ DATE _____