## Body Zone Sports and Wellness Complex Summer Adventure Camp 2026 – MEDICAL FORM

Camper Name		
Physician Name and Pho	ne Number	
Will your child be taking n	nedication (circle one): YES NO'	
If yes, please list medicat	Ind all medications in a clear resealable bag with label and specific instructions.  Child have any allergies (circle one): YES NO  YPE: EXPLAIN SYMPTOMS AND SEVERITY:  Bee sting  Peanut/Nut  Drugs  Child have chronic or recurring illness (circle one): YES NO  YPE PLEASE EXPLAIN IN DETAIL:  Asthma  Diabetes  Seizures	
		able bag with label and specific instructions.  YES NO  OMSAND SEVERITY:  s (circle one): YES NO  N IN DETAIL:  PICKUP CONSENT  o pick up my child(ren) from camp. (PHOTO I.D. REQUIRED)  PHONE
Please send all medicat	ions in a clear resealable bag with label ar	nd specific instructions.
Does your child have any	allergies (circle one): YES NO	
TYPE:	EXPLAIN SYMPTOMS AND SEVERITY:	
☐ Bee sting		
☐ Peanut/Nut		
☐ Drugs		
☐ Food		
☐ Other		
Does your child have chro	onic or recurring illness (circle one): YES N	10
TYPE	PLEASE EXPLAIN IN DETAIL:	
☐ Asthma		
☐ Diabetes		
☐ Seizures		
☐ Cardiac		
☐ Other		
Are there any limitations/i	ssues ( <u>including non-swimmers</u> ) we should b	e aware of (circle one): YES NO
If yes, please ex	xplain:	
	PICK	JP CONSENT
I give permission for the	following persons to pick up my child/rea	n) from camp (PHOTO LD RECUIRED)
. Site beimission for the		n nom camp. It note he he actively
NAME		PHONE
IVAIILE		TIONE
NAME		PHONE