



Beaver Lake Day Camp Allergy Form

(only to be filled out if your child has allergies and handed in at orientation)

Childs Name: _____ Date of Birth: ____/____/____

Allergies: _____

Bunk: _____

I am providing the following medications:

- Epi-Pen
- Benadryl
- Tylenol
- Ibuprofen
- Other: _____

Instructions in case of accidental exposure to allergen:

Items provided can be found in:

- In backpack
- In camp office

Emergency Contact Names and Phone Numbers:

1. _____
2. _____
3. _____

Please list house/bungalow if applicable: _____