

Dear Parents,

In order to insure the best possible safety and care for your son/daughter, we need to know of any allergies that he/she has or any medication that they are taking. Please complete the information below, sign, and have your son/daughter bring this form with them when they check-in on the first day of camp. Our athletic trainer will be on staff to ask additional questions as needed. Be aware that any medications and this would include aspirin/ibuprofen, that your son/daughter takes during the week they will need to bring with them and they will have to administer to themselves. We will not be able to provide campers with any medication including aspirin or ibuprofen.

Thank you,
Steve and Lori Taylor
University of Richmond Track and Field

Name of Camper: _____

Allergies: _____

Medications: _____

Emergency Contacts: Please list 3

Name/Phone #: _____

Name/Phone #: _____

Name/Phone #: _____

Can your son/daughter swim? _____

Is your son/daughter allergic to bee stings? _____

Parent's Signature: _____ Date: _____