

David Cox Basketball Camp

Participant/Camper Name (please print): _____

Allergies (if applicable)

YES this camper has allergies (if yes, please list) -OR- **NO** this camper does not have allergies

Medication Allergies (please list):

Describe reaction & management of the reaction:

Food Allergies (please list):

Describe reaction & management of the reaction:

Other Allergies Including Insect Stings, Hay Fever, Animal Dander, etc. (please list and describe reaction & management of the reaction)

If camper requires medication for allergic reactions, please bring (2) doses and Parents/Legal Guardian must present information to the Dan Hurley Camp training staff at check-in.

MEDICATIONS (if applicable)

Please list **ALL medications** taken routinely (including over-the-counter or non-prescription drugs). Bring enough medication to last the entire week of Camp. Keep it in the original package/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, dosage, the campers name and the frequency times of administration. ***I will provide written, signed, authorization from the physician(s) for each medication. Attach additional pages for more medications if needed.***

YES this camper takes medication as follows: -OR- **NO** this camper does not take medication

Med #1: _____

Dosage: _____

Specific times taken each day: _____

Reason for taking: _____

Med #2: _____

Dosage: _____

Specific times taken each day: _____

Reason for taking: _____

Med #2: _____

Dosage: _____

Specific times taken each day: _____

Reason for taking: _____

Please keep all medications in a zip lock plastic bag that is labeled (print) with the campers full name and age.