



BASKETBALL SKILLS FOR LIFE

HoopEd Summer Camp Allergy Form

Camper name: _____ Age: _____ Grade: _____

Parent contact information:

Mom (name and contact #): _____

Dad (name and contact #): _____

Food Allergies

Allergic to:	Previous reaction:	Treatment prescribed:

Natural/Seasonal Allergies

Allergic to:	Previous reaction:	Treatment prescribed:

Other Allergies

Allergic to:	Previous reaction:	Treatment prescribed:

Physician contact information:

Name: _____ Number: _____