

# HOOPED N a T i O N

## 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: \_\_\_\_\_