



Joy (Douma) Booth, President
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MEDICAL/MEDICATION INFORMATION FORM

CHILD'S NAME _____

IS THIS CHILD COVERED UNDER INSURANCE? _____

MEDICARE/ INSURANCE COMPANY NAME, GROUP NUMBER _____

AND IDENTIFICATION _____

MEDICAL CONDITION _____

MEDICATIONS/DOSAGE _____

ALLERGIES _____

**I GIVE PERMISSION TO THE NURSE / MED TECH AT CAMP PENUEL TO
ADMINISTER THE MEDICATIONS LISTED ABOVE TO MY CHILD.**

PARENT/GUARDIAN SIGNATURE _____

DATE _____