



Readington Rec Camp June 22-July 31 2026

Please complete this confidential form to be used by senior camp staff in case of emergency. Please complete all information even if it is not relevant to camp hours.

Camper Name _____ Grade entering in Sept. 2026 _____

Camper DOB ____/____/_____

1. Allergies

____ This camper has no known allergies.

This camper is allergic to: ____Food ____Medicine ____Environment ____Other

Please explain below:

2. Medication

____ This camper does not take any medication regularly.

Please list any medication(s) and dosage(s) the camper is currently taking. Use back of form if needed.

Name of Medication	Dose/Strength	How much- 1 pill, 1 tsp, etc.	How often and when	Taken for

3. Is there anything else we should know about your camper?

4. Health Insurance:

Insurance Company _____ ID Number _____

Subscriber Name _____

Parent/Guardian Name _____ Phone # _____

Parent/Guardian Name _____ Phone # _____

Emergency Contact Name _____ Phone # _____

(PLEASE LIST SOMEONE OTHER THAN THE PARENT/GUADIAN)