

Central Greene School District/ IU1 Center for STEM Education

**EMERGENCY MEDICAL INFORMATION for
CAMP Tech 2009**

Camper's name

Camper's age

Camper's birthdate

Allergies or medications*

Medical conditions that we should know

Dietary restrictions

Parent/Guardian name(s)

Home phone number

Work phone number

In case of emergency, please contact (other than parent) phone number

Camper's physician

Physician's phone number

*Our staff is not permitted to dispense medication.
Please make arrangements accordingly.