

Sherman Summer Camp 2024: Allergy Procedure

Camper Name: _____

Check one: _____ Junior Camp
 _____ Senior Camp

Guardian Name: _____

Guardian Contact: Cell: _____ Home: _____

Email: _____

Allergy: _____

Medication: _____

Procedure:

1. _____

2. _____

3. _____

4. _____

5. _____

Additional Information: _____
