



# Severe Allergy Emergency Information

## *Confidential*

Please print firmly and return to the Park District. Thank you!

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Today's Date \_\_\_\_\_

### In case of emergency, please contact:

**1** Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_

**2** Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_

### Family Physician

Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Present Medications \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Date of Last Tetanus Booster \_\_\_\_\_ Blood Type \_\_\_\_\_

**Optional:** Does your child/ward have any physical, psychological or medical conditions which you feel the Kenilworth Park District should be aware of ahead of time?

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