

# COVID-19 MITIGATION FORM

To expedite the registration process, please have the following two forms printed and filled when dropping off your child for their camp session. This is very appreciated and we thank you in advance!



## Medical and Emergency Information Form

Please Complete One for Each Student

Student's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital preference in case of emergency: Fairbanks Memorial \_\_\_\_\_ Ft. Wainwright-Bassett \_\_\_\_\_

### Health Information

Allergies Y N

**Medications:** \_\_\_\_\_ **Reaction:** \_\_\_\_\_

**Foods:** \_\_\_\_\_ **Reaction:** \_\_\_\_\_

**Environmental/Seasonal:** \_\_\_\_\_ **Reaction:** \_\_\_\_\_

Is your child currently taking any medications he or she will need to take *during* camp hours? Y N

If yes, please explain: \_\_\_\_\_

### Other

Special Needs: \_\_\_\_\_

Disabilities: \_\_\_\_\_

### Secondary Emergency Contact

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_