

## Camper Cover Sheet 2025

*\*parents complete information above the dividing line*

<b>Name of Camper:</b>	
<b>*Camp Location:</b>	(please circle one) SCHOOL OR GYCC
<b>*Grade in Fall '25:</b>	
<b>*Shirt Size:</b>	(please circle one) YS YM YL AS AM AL AXL
<b>Additional Camp Shirt</b>	(please circle one) <b>yes/no</b>
<b>*Photo Permission:</b>	(please circle one) <b>yes/no</b>
<b>*Allergies and implementation plan:</b> (please <b><i>attach</i></b> Dr.'s orders for Epi-pen/Inhaler)	

**Name/Contact #/Relationship to Camper**

**\*Emergency Contact #1:**

**\*Emergency Contact #2:**

*(information below this line is to be completed by office staff)*

Age Group:	
Physical Date:	
Immunizations:	

Epi-pen Auth. Form		<i>Notes: any additional information allergies/medical or behavioral implementation plans:</i>
Benadryl Emergency Admin.		
Inhaler Self-Administration		
Not to be picked up by the following (note attached)		