



## DAVIS YOUTH ROBOTICS SUMMER CAMP

### EMERGENCY MEDICAL INFORMATION

**Please note:** A signed hard copy of this form must be turned in in-person on the first day of camp at student drop-off

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Camper's Name

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Camper's Age

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Allergies or Medications\*

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Medical Conditions

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Parent/Guardian Name(s)

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Phone Number(s)

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Email Address(es)

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Emergency Contact (other than parent)

Phone Number

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Camper's Physician

Phone Number

\* Our staff is not permitted to dispense medication. Please make your own arrangements.