

Care Plan/Medication form  
Camp Gan Izzy Solon

**Complete all of the following information:**

Bunk : \_\_\_\_\_

Name of child: \_\_\_\_\_

Age: \_\_\_\_\_

Food Allergies? Circle: Yes NO

Foods your child is allergic to: \_\_\_\_\_

Can your child eat foods made in the same facility? \_\_\_\_\_

Precautions needed? i.e child need to be in a different room?

Please add any other details that may be helpful:

Other Allergy/Medical Condition:

Symptoms to watch for:

Action to take:

**Medication:**

Epipen? \_\_\_\_\_ *\*If yes is required, please enclose a photo of your child taped onto the medication.*

Other medication: \_\_\_\_\_ Exact dosage: \_\_\_\_\_

To be administered at the following times: \_\_\_\_\_

**Epipen/ Medication should be:**

Kept in camp  Brought along on all trips  Kept with the counselor at all times  Refrigeration

**Permission:**

I give permission for my child, \_\_\_\_\_ to receive the above medication at Camp Gan Izzy.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_