



The Walden School

Montessori-based, Preschool-Grade 8

Summer Camp Medical Form

Camper Name: _____

1st Emergency Contact Name: _____ Number: _____

2nd Emergency Contact Name: _____ Number: _____

Physician Name: _____

Physician Number: _____

Please describe any medical concerns or conditions:

Please describe any allergic reactions and methods of treatment:

Insects Bees Medications Plants Food

Please describe any activity restrictions:

I hereby certify that the information on this form is correct and complete.

Parent Name: _____

Parent Signature: _____ Date: _____

*** Please SUNSCREEN your child daily and supply extra if needed ***