Summer Sensations
10015 Old Columbia, G-118
Columbia, MD 21046
410-997-8081 P
410-997-8082 F
www.summersensationscamp.com
summersensationscamp@yahoo.com

Allergy Alert Form

Camper: _____

Allergy: _____

Severity of Allergy (i.e. airborne/dermal contact/ingestion): _____

_____

_____

Allergic Reaction: _____

_____

Medical intervention/medication required if in contact: (i.e. epi-pen, Benadryl, etc.)

_____

_____

I grant permission for the above medical intervention, as stated above, in the event of an allergic reaction.

_____ _____

Parent/Guardian Signature Date