



**Food and Medication Instructions
For
Camp Speers-Eljabar, September 2009**

Child's Name _____

***Sign and return this form even if nothing else is filled in on this form.**

Dietary concerns:

___ Vegetarian diet (check if appropriate)

Food allergies:

Medication instructions:

NOTE

Parents are responsible for all medications. We will NOT bring medications usually administered during school hours. On the morning of the trip, please bring all medications needed by your child to Tr. Karen. Students may NOT self-medicate. Medications should be in closed containers clearly marked with your child's name and specific instructions. Also indicate the instructions for ALL medications in the space below:

Parent signature _____

***Sign and return this form even if nothing else is filled in on this form.**