



Miami Metrozoo
BANK OF AMERICA ZOOFARI SUMMER CAMP
June 15 - July 31, 2009

MEDICAL INFORMATION

This medical information is to be submitted with the summer camp registration form.

Child's name: _____

Doctor's name: _____ Phone: _____

Allergies: _____

Other health concerns: _____

Prescribed medications: _____

Note: If you need the camp staff to dispense medication to your child, a medication authorization form (also available online) is required.

Sibling's name: _____

Doctor's name: _____ Phone: _____

Allergies: _____

Other health concerns: _____

Prescribed medications: _____