



Miami Metrozoo BANK OF AMERICA ZOOFARI CAMP 2010

MEDICAL INFORMATION

This medical information is to be submitted with the 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: _____

