



# Camp Bailey Allergy Form

Child's Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Emergency Contact Info:

- |    |       |           |
|----|-------|-----------|
| 1. | _____ | Ph: _____ |
| 2. | _____ | Ph: _____ |
| 3. | _____ | Ph: _____ |

My child is allergic to the following:

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