

Quick Reference Card
for Camp Counselors and Staff

Camper Name _____ Nickname _____
Last First

Healthcare Staff _____ / _____
Name Role Name Role

Counselor Name _____ Cabin _____
First Nickname

Exercise Induced Asthma Yes No Pretreats for EIA Yes No

Food Allergies Yes No Type(s) _____

Animal/Insect Reactions Yes No Type(s) _____

Emotional/Behavior Issues Yes No Description _____

On Regular Med Schedule Yes No Exceptions _____

Relative/Friend at Camp Yes No Who/Cabin _____

Birthday During Camp Yes No Date/Age _____

Notes _____

