

# Grade 8 Camp Cedarwood Retreat

Jan 29- 31, 2019

## Student Medical Information

Dear Parent/Guardian - please complete all applicable portions of this document and return it to school on or before December 21/2018.

Name of Student \_\_\_\_\_ Homeroom \_\_\_\_\_

Please list any food allergies that your student may have:

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Please list any other food restrictions that your student may have:

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Please list any medical condition that may affect your student's participation while at Camp Cedarwood \_\_\_\_\_

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Will your child be bringing any prescribed medication to camp? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what medications will your child bring? \_\_\_\_\_

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If your student is bringing prescribed medication to Camp Cedarwood and/or has a medical condition that requires special care, **please be in contact with your student's homeroom teacher to provide any necessary information.**