

Emergency Medical Treatment Form | NKCS Summer Camp 2025

Student Name: _____

Date of Birth: _____ Grade: _____

Medical Condition/Allergy: _____

Triggers (Airborne, Contact, Ingestion, Stings, etc.): _____

Reaction: _____

Medication/Remedy (Epi-Pen, oral medication, etc.): _____

I, _____ (Parent), have provided the necessary medication for my child's condition/allergy listed above. Permission is hereby granted to the Summer Camp Teachers and/or any New Kent Christian School staff member responsible for my child during Summer Camp to administer the above listed medication if necessary.

Parent Name: _____

Parent Signature: _____

Date: _____

Administrator Name: _____

Administrator Signature: _____

Date: _____