



## Morrell Nature Sanctuary: Severe Allergy Information

**This form must be completed prior to the first day of camp.  
Campers with severe allergies will not be permitted to attend  
camp until this form is completed and handed into the office.**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Please check all that apply (sensitivities/ allergies):

- Peanuts
- Nuts
- Dairy
- Insects
- Other \_\_\_\_\_

Please describe any symptoms that may occur from the above allergies or sensitivities:

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Will your child carry an Epi-Pen? Yes No

Does your child carry any other medications? Yes No

If yes, please describe: \_\_\_\_\_

(Note: Morrell Nature Sanctuary's camp leaders will not administer any oral medications or creams including Benadryl)

Parent/ Guardian Authorization- Please read and initial each line

- I give consent for camp leaders and/or supervisors at the Morrell Nature Sanctuary to seek emergency medical care (911) for my child, and/or administer my child(s) epinephrine auto injector. \_\_\_\_\_
- I agree to meet with both the camp supervisor and the leader(s) to provide the completed form and show the leader the medication. \_\_\_\_\_
- I understand that the camp leaders and/or supervisors at the Morrell Nature Sanctuary will not administer any oral medications (including Benadryl). \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_