

## Chaperone Information Form

VBS Camp ~ July 19-21, 2019

Highland Baptist Church

Name \_\_\_\_\_ Age \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Any Known Allergies \_\_\_\_\_

\_\_\_\_\_

List Medications Currently Taking and Current Dosage \_\_\_\_\_

\_\_\_\_\_

If needed, can you take Advil/Tylenol? (circle one)

Dosage \_\_\_\_\_

Can you swim?      Yes              No      (circle one)

**This form must be turned in for you to attend camp.**