Saint Mary's Parish

519 Longmeadow Street
Longmeadow, Massachusetts 01106

Telephone: (413) 567-3124 email: kbladen@stmarylong.org

Summer Camp 2026

CAMPER NAME_____DATE OF BIRTH_____

Request for Additional Information- Circle all that apply:

Special Needs / Conditions / Food Allergy / Environmental Allergy / Drug Allergy

Diagnosis and/or Allergies: _____

Please include action plan if any YES is circled below.

Please explain symptoms & indications:

Helpful tips/ Emergency Medical Interventions/ Type of Allergic Reaction:

Does this Camper have emergency allergy medication? YES or NO (circle) If so, please list what will be brought to camp.

Will this camper bring an EpiPen to camp? YES or NO

Will this camper bring an emergency inhaler to camp? YES or NO (circle) If so, please list what will be brought to camp.

**All medications must be given to the Camp Nurse prior to the beginning of camp. No child is to self-administer medication at St. Mary's Summer Camp.

Parent/Guardian Signature_____ Date_____