

KARDEX

To be placed on inside front cover of camper chart

Name _____ Birthday at Camp Y N
Last First

Cabin _____ Counselors _____

Nurse _____ Age _____ Height _____ Weight _____
CM KG

Peak Flow _____ Personal Best _____ Predicted _____
Usual

Regular Medications	PRN Medication

Food Allergies	Other Allergies

Comments _____

