



Camper Information

Please complete requested information below and return to Seal Swim School at least 3 days prior to your first day of camp. Return by email to campseal@sealswimschool.com, by mail or drop off to 19509 Dale Mabry Hwy, Lutz, FL 33548.

STUDENT'S NAME _____

STUDENT'S NAME _____

STUDENT'S NAME _____

PARENT'S NAME _____

ADDRESS _____

HOME # _____ WORK # _____

CELL # _____ E-MAIL _____

List any medical problems, allergies (food and medicine), and/or recent injuries:

1. _____
2. _____

Is your child on any medication? Name medication and reason for:

1. _____
2. _____

Authorization to dispense medication:

Name of Medicine	Dosage/time	Signature
_____	_____	_____
_____	_____	_____

People allowed to pick up child from Camp Seal (must show photo I.D. each and every time.)

1. _____ Relationship: _____
2. _____ Relationship: _____
3. _____ Relationship: _____