

## CAMP KEEP MEDICAL & BEHAVIOR LIST

Please return this list to KEEP no later than the Monday before your visit.

School: \_\_\_\_\_  
 School Phone: \_\_\_\_\_  
 KEEP Date: \_\_\_\_\_

### Lunch & 3:30 Medications

	Name:	Medication & Time:
1		
2		
3		
4		
5		

### Students Who Need Bottom Bunks:

	Name:	Need: (bed wet, sleep walk, seizure, broken leg, etc)	Parent name & number: KEEP will contact if needed
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

### Student & Counselor Pairings:

	Counselor Name:	Student Name:	Relationship (mom, dad, etc)
1			
2			
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15			
16			
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18			

### Student Medical & Behavioral Concerns:

	Name:	Need:	Parent name & number: (KEEP will contact if needed)	Epi-Pen? (Yes or No)
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