

## **Medical Information**

Doctor's name and phone number: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Contacts: name, phone and relationship

1. \_\_\_\_\_

2. \_\_\_\_\_

Child's shirt size (please circle one):

Child

Adult

S M L XL

S M L XL

\*\*\*\*Please note here ONE friend your camper would like to be grouped with. We will do our best to accommodate. If not noted here, we can not make changes during camp.

\_\_\_\_\_

Please make checks payable to:

**Shelby County Historical Society  
PO Box 444  
Shelbyville, KY 40066**

Or you can send a payment via PayPal to The Shelby County Historical Society at:  
**director@shelbykyhistory.org**