



2011 Summer Music Institute

Dietary & Medical Information Form

Name _____

My chorister has no dietary or medical concerns _____
Signature of parent/guardian

This information is very important for the welfare of your child.

Please return by June 15, 2011 to: CCCC, PO Box 2518, Walnut Creek, CA 94595-0518

Special dietary needs: (All meals are self-serve from cafeteria selection)

Please explain: _____

Medications – check below and fill out nurse’s note

- My child has prescription medicine that should be dispensed by nurse or adult.
- My child has prescription medication and can take the dosage her/himself.
- I have sent attached note with the details for the nurse.
- I have sent over the counter medication and have enclosed a note stating doses etc.

Nurse’s Note

(Camper’s first & last name) _____ is taking (list) _____

for (explain what the medication is for) _____

Symptoms: _____

Minimum dosage: _____

How many times per day: _____

Maximum dosage: _____

How many times per day: _____

(If needed, this form can be updated just before going to camp)