

KidSalt Allergy Report form

Church Name:

Week of camp:

Student Name	Dietary Allergies?	Will student have an EpiPen?

Student Name	Dietary Allergies?	Will student have an EpiPen?

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PLEASE RETURN ALLERGY REPORT FORM AT LEAST TWO WEEKS BEFORE YOU ARRIVE AT CAMP.

If you have any questions or concerns, please contact Michala Beesley at michalabeesley@scbaptist.org or 803-227-6016.