



### Space Camp 2017 Medical Form

Centre for Planetary Science & Exploration, WSC Room 121, UWO, London, Ontario N6A 3K7

Phone: (519) 661-2111 x 88508

Email: spacecamp@uwo.ca

Web: westernspacecamp.ca

Campers' Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd/ mm/ yy

Affix a photograph here, if the camper suffers from potentially life threatening allergies

Emergency Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

<u>Reason for Medication</u>	<u>Name of the Medication</u>	<u>Medication Termination Date</u>	<u>Dosage &amp; Route</u>	<u>Administration Timings</u>	<u>Storage Instructions (if any)</u>	<u>Side Effects (if known)</u>

Please indicate any specification instructions for taking medication or any other additional information here:

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