KMAK Quick Glance Form

Please list any child that has medication, has a food allergy, or any other allergy, CANNOT take any over the counter drugs, or cannot have their picture taken.
This quick glance form will help KMAK Leadership serve you better during your stay at camp.

Church Name: **Leader Name:**

Childs Name:	Medication	Food allergies To What?	Other Allergies To What?	CANNOT take over counter drugs	No Pictures Taken