VGCC Robotics Institute
MEDICAL FORM

CAMPER INFORMATION:
Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Work or Cell Phone: _____

EMERGENCY CONTACT:
Name of Parent or Guardian:_____
Relationship to Camper: _____
Contact Phone Number: _____
Alternate Phone Number: _____
Email: _____

MEDICAL INFORMATION
Does the camper currently have any of the following? If so, please describe.
Drug allergies: _____
Food allergies: _____
Allergies to insect bites: _____
Special dietary needs: _____
Asthma: _____
Frequent headaches: _____
Dizziness or seizures: _____

Current medications: _____
_____
_____

Please list any other health problems: _____
_____
_____

Limitations of activities: _____
_____

PHYSICIAN'S INFORMATION
Physician's name: _____
Address: _____
Telephone: _____

_____ _____
Parent/Guardian Signature Date