

VGCC SCIENCE CAMP
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: _____

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