

WVCYC Medical Form

Group Number

Camper Name: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: (____) _____ - _____ Alternate Number: (____) _____ - _____

Medical History — please check all that apply.

____ Frequent Ear Infections ____ Diabetes ____ Poison Ivy
____ Asthma ____ Convulsions/Seizures
____ Seasonal Allergies ____ Heart Ailments/Disease
____ Other Medical Problems: _____

Any Known Allergies: _____

Please check medications the nurse can give your child:

____ Tylenol ____ Benadryl ____ Aspirin ____ Tussin DM
____ Ibuprofen ____ Pepto Bismol ____ Aleve ____ Midol
____ Laxative ____ Sinus Tablets ____ Other: _____

Please list any current medications and dosages for each.

Current Medical Issues, Disabilities, and/or Chronic Disease:

Nurse Records		
Date / Time	Event	Notes