

# PVC Summer Camp Medical Fact Sheet

Member's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Food Allergies: \_\_\_\_\_ Reaction: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_ Reaction: \_\_\_\_\_

Tetanus Date: \_\_\_\_\_

## **Medical History**

Circle all that apply:

SEIZURES      ASTHMA      BLEEDING DISORDER      DIABETES      HEADACHES      HOME SICKNESS  
FREQUENT COLDS      ADHD      MIGRAINES      REFLUX      LACTOSE INTOLERANCE  
UNABLE TO SWALLOW PILLS      SKIN DISORDERS

OTHER \_\_\_\_\_

## **Social/Emotional**

Briefly explain any emotional or social challenges that have been identified by a medical professional or school system, or that are of concern to you:

\_\_\_\_\_  
\_\_\_\_\_

## **Medications**

## **Reasons**

_____	_____
_____	_____
_____	_____
_____	_____

Any other medical issues you think we need to know about for your camper.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature