

YMCA of Rock River Valley
Camp Winnebago



Medical Form

All information on this form is confidential and will be seen only by your facilitators.

Personal Information

Name _____
Gender F M Birth Date _____
Home Phone _____ Work Phone _____
Address _____
City _____ State _____ Zip _____

Emergency Information

In case of Emergency Contact: _____
Home Phone: _____ Business Phone: _____
Insurance Plan: _____ Policy # _____

Medical History

Do you have any allergies, including food or insect bites? _____
✓ If yes, describe: _____

Are you currently taking any medication(s)? _____
✓ If yes, please list the medication(s) and the reason(s) for the medication(s): _____

Do you have any pre-existing medical conditions? _____
✓ If yes, please describe: _____

I authorize YMCA of Rock River Valley staff to take measures, which in their judgement are reasonable and necessary in the event I require medical attention.

Signature _____ Date _____

Parent Signature _____ Date _____