



Western Illinois University-Quad Cities
Summer Youth Programs
Medical Information

Valid Dates: June 1-July 31, 2018

Program Name _____

Student Information:

Student Name _____

Address/City/State/Zip _____

Home Phone (____) _____ Date of Birth _____ Grade _____

Emergency Contact Information (During Summer Program):

Father's Name _____ Cell# _____ Business# _____

Mother's Name _____ Cell# _____ Business# _____

Emergency Contact Name _____ Cell# _____

Pediatrician Name _____ Business# _____

Dietary Restrictions & Medical Information:

Is your child a vegetarian/vegan or have a meal restriction of any type? _____

Does your child have any type of allergy (Food, Pollen, Insect Bites, Medication, etc.)? Please describe the allergy and the severity of allergic reaction: _____

Is he/she presently under a doctor's care? If yes, please specify reason: _____

Does he/she take regular medication? If yes, please specify and include dosage: _____

If needed, can your child monitor his/her own medications and take as directed? No ___ Yes ___ Not Applicable ___

Can your child take Tylenol, Ibuprofen, Pepto-Bismol, or Benadryl, if the need arises? _____

Does your child have any physical disabilities? No ___ Yes ___

Is there anything we should know about? No ___ Yes ___ If yes, please specify: _____

Date of last tetanus shot: _____

Medical Insurance:

Please list medical insurance that would cover student during the program in the event of sickness or accident:

Company Name: _____ Policy Number: _____

I (we) _____, parent(s)/legal guardian(s) of _____, a minor, consent to medical, surgical, or diagnostic procedures as the physician deems necessary to be rendered to this minor when the need for such treatment is immediate. I understand that summer program fees do not include health or accident insurance coverage.

Signature of Parent or Guardian

Date

Please return this form to WIU-QC, QCI, Bldg. C. Rm. 1416E, 3300 River Drive, Moline, IL 61265