Non-Credit Programs
Western Illinois University
Medical Form

Student's Name_____

Address/City/State/Zip_____

Home Phone (_____)_____ Date of Birth_____ Grade_____

Parent or Guardian Information During Period of Summer Program

Father's Name_____

Business Phone No._____ Ext._____

Mother's Name_____

Business Phone No._____ Ext._____

Child's Physician's Name_____ Phone_____

In an emergency, if a parent cannot be reached, who should be contacted?

Name_____ Phone_____

Has this child any physical disability that we should know about?

NO_____ YES____ Please specify:_____

Please rate your child's ability to swim: Cannot Swim_____ Poor Swimmer_____

Fair Swimmer_____ Good Swimmer_____ Excellent Swimmer_____

Does he/she have any allergies? Food___ Pollen ___ Insect Bite___ Medication___

Please describe:_____

Any dietary restrictions not previously listed?_____

Date of last tetanus shot:_____

Is he/she presently under a doctor's care? NO _____ YES_____

If yes, please specify:_____

Does he/she take regular medication? NO_____YES _____

If yes, specify and include dosage:_____

Can your child monitor his/her own medications and take as directed?

NO_____ YES_____

Can your child take the following if the need arises?

Tylenol NO __ YES__ Pepto-Bismol NO__ YES__ Benadryl NO__ YES__

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 with photocopies of your MEDICAL AND PRESCRIPTION BENEFITS cards to:

Non-Credit Programs, Horrabin Hall 6, Western Illinois University, 1 University Circle, Macomb, IL 61455