

HEALTH FORM

Note: YMCA Camping Services does NOT carry health/accident insurance for group participants. (In order to participate in camp programs, this form must be signed and must be presented to your group's leader upon your arrival at camp.)

Participant's Full Name _____
 Address _____ Home Phone (____) _____
 City _____ State ____ Zip _____ Participant's Age ____ Birth Date _____

Name of Parent/Guardian or Spouse _____
 Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
 Home Address _____

If parents/spouse are not available in an emergency, please notify:
 Name _____ Relationship _____
 Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____
 Home Address _____

Family Physician _____ **Physician's Phone (____)** _____
 Name of Insurance Subscriber _____
 Name of Insurance Provider _____ Policy/HMO # _____
 Medicaid ID # _____ Medicare # _____ BC/BS Contract # _____

Does your child/the participant have any problems with the following?

	Yes	No		Yes	No		Yes	No
Asthma	[]	[]	Seizures	[]	[]	Heart Problems	[]	[]
Sleep Walking	[]	[]	High Blood Pressure	[]	[]	Low Blood Pressure	[]	[]
Allergies to Food	[]	[]	Allergies to Medications	[]	[]	Diabetes	[]	[]
Hearing Loss	[]	[]	Bone/Joint Problems	[]	[]	Bedwetting	[]	[]
Kidney problems	[]	[]	Respiratory Problems	[]	[]	Fear of Heights	[]	[]
Bee Allergies	[]	[]	Insect Allergies	[]	[]			

If yes, please explain: _____

Is there any reason your child should not sleep on an upper bunk? (All upper bunks have railings)

Does your child/participant have any other serious medical problems/been under a physician's care recently?
 [] Yes [] No If yes, please explain: _____

Does your child/participant have any dietary restrictions? _____

List activities limited or prohibited by a physician _____

Date of last Tetanus shot: _____

Is your child/participant currently on medication? [] Yes [] No

If yes, please explain: _____

Can Tylenol be administered to your child if necessary? [] Yes [] No

Parent's/Participant's Authorization

All of the above information is correct to the best of my knowledge and the person herein described has permission to engage in all camp activities except as noted. I hereby give permission to order X-rays, routine tests, treatment, and necessary transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for my child/myself as named above.

Signature _____ **Date** _____

Adult participant (or parent/guardian if participant is under 18)

Note: This form should be collected by the group leader and kept by your group's Health Officer.