

YMCA Camper Health History Form 2010

This form **MUST** be **BROUGHT** with you to Camp. Please do not mail it.

Camper Name: _____ Birthdate: _____ Age: _____ Sex: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Name of Guardian: _____

H Phone: _____ W Phone: _____ Cell: _____

Emergency Contact: _____ Emergency Phone: _____

Family Physician: _____ Phone: _____

Last Exam Date: _____ Group ID #: _____

Medical Insurance Carrier: _____ Policy #: _____

Medical Information (please check all that apply):

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Head Lice | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> Recent Hospitalization | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Other Diseases or Conditions |
| <input type="checkbox"/> Currently under Dr.'s care | <input type="checkbox"/> Tuberculosis | _____ |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Chicken Pox | _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> ADD/ADHD | _____ |

For each check, please explain: _____

Please note: If your child has any of the following conditions they cannot attend camp until a physician has given authorization: **Asthma, Heart Defect/Disease, Seizures, Diabetes.** In the event that your child has one of these conditions please contact the camp office immediately (503) 399-2759.

Has your child ever been stung by a bee before? If so, please explain how the child reacted physically. _____

Are your child's Immunization Records up to date? _____

Current Medications to be continued at camp (dosage & frequency): _____

(All prescription medications must be in the original container. We can not vary from instructions on container.)

Any known allergies?: _____

Any reason to restrict activity?: _____

Non-Prescription Medications: Please initial to authorize the following medications to be administered as needed

- | | | | |
|---------------------------------------|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Throat Lozenges | <input type="checkbox"/> Pepto Bismol | <input type="checkbox"/> Benadryl |
| <input type="checkbox"/> Chloraseptic | <input type="checkbox"/> Cough Drops | <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Cough Syrup |

Waiver of Liability– Signature required for camp attendance.

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in the program described in the YMCA Camp brochure. The minor is physically able, and mentally prepared to participate in all activities as described in the announcement for the program. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the program. I will not hold the YMCA liable for any injuries incurred during the program whether caused by equipment or the acts of omission by others excepting the damage or injury solely caused by the willful misconduct or negligence of the YMCA or its employees or agents. I do hereby authorize the YMCA as agent for the undersigned, to consent with the respect to the minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is rendered under general or special supervision of, any physician and surgeon licensed under the State of Oregon, on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for the costs incurred for the medical care. If I participate in the program, whether as a coach, instructor, aide, spectator, or participant, I presently waive as to the YMCA and staff, officers and directors thereof, any claim presently known or unknown for damage to property or personal injury whether caused by equipment or the acts of omission of others including YMCA personnel.

Signature of Parent or Guardian: _____