

YMCA CAMP ALDEN/CAMP BLANCHARD
HEALTH HISTORY/EMERGENCY MEDICAL AUTHORIZATION

Camper last name: _____ First name: _____ DOB: _____

Physician: _____

Dentist: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Date of last physical exam: _____

Medical Insurance Carrier: _____ Policy or Group #: _____

Has the child ever had or been subject to (check all that apply):

- | | | | |
|------------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Asthma | <input type="checkbox"/> Ear Infections/Tubes | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Learning Disability |

If you answered yes to any of the above questions explain here:

Operations or Serious Illness: _____

Dietary Restrictions: _____

Disability/Chronic Illness: _____

Activities Limited by Physician: _____

Medication to be given at camp: _____ **Dose:** _____ **Time:** _____

Medication to be given at camp: _____ **Dose:** _____ **Time:** _____

Is there any additional information we should know about your child? _____

Parent/Guardian Authorizations (please initial each section and sign below)

Authorization to Dispense Medications

I authorize camp staff to dispense the above listed medications in accordance with the Health Care Policy (see Parent Handbook). Non-prescription medications must be accompanied by a doctor's note. Prescription medications must be in the original container with accurate dosage instructions.

Authorization for Emergency Medical Care

I authorize camp staff who are trained in first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the camp to arrange transportation for my child to the nearest medical facility and/or to _____, and to secure any necessary medical treatment. This form may be reproduced for trips out of camp.

Required Immunizations

Department of Public Health regulations require that every person enrolled in the camp program have a certificate of immunization on file before attending. I understand that this registration will not be complete and my child will not be allowed to attend camp without this documentation.

_____ I authorize camp staff to apply sunscreen and insect repellent (supplied from home) to my child as needed.

_____ I give permission for candid photographs and videos to be taken of my child while engaged in activities/programs at the YMCA.

I understand that these pictures may be used in a variety of ways: i.e.: promotional slideshows, YMCA brochures and flyers. These pictures will be available to parents.

All of the information on this form is correct and current. I understand that it is my responsibility to notify the Camp immediately if any of this information changes.

Parent/Guardian Name (print): _____ Parent/Guardian Signature: _____ Date: _____