

Edwards YMCA Camp Health Form

Personal Information – Health History – Immunization History – Medication Administration – Allergies
 NOTE: Parent or Guardian MUST Sign Where Noted - Updated Health Form Due Each Year

Personal Information

Session Attending: 1 2 3 4 5 6 Lit1 Lit2 Lit3 JL-1 JL-2 Mini Trip

Camper's Last Name	First Name	Sex	Birthdate
Home Address			Home Phone
Father's Name	Father's Cell #	Father's Work #	Emergency Contact Name
Mother's Name	Mother's Cell #	Mother's Work #	Emergency Contact Phone #
Insurance Carrier (include copy of card, front and back)		Insurance Group #/Policy #	Insurance Phone #

Health History

Family Physician	Phone	Dentist	Phone:
Disability or Chronic Illness			
Currently Under Care of Physician for		Current Treatment for this Condition	
Any Recommendations or Restrictions While at Camp			
(Female) Has Camper Menstruated?	If not, has she been told about it?	Normal Menstrual History?	Special Consideration?

Immunization History

Vaccines	Date of Basic Immunization	Date of Last Booster
Diphtheria/Pertussis/Tetanus		
Polio		
Measles (Rubella) / Mumps		

Medication Administration (List on back if more space needed)

Medication Name	Dosage	Frequency	Reason for Use

Sunscreen/Insect Repellent Authorization – If provided by the parent, sunscreen or insect repellent shall be labeled with the child's name, per DCF251.07(6)(f)2.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize camp to apply sunscreen to my child <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize camp to allow my child to self-apply sunscreen	Brand Name:	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize camp to apply repellent to my child <input type="checkbox"/> Yes <input type="checkbox"/> No I authorize camp to allow my child to self-apply repellent	Brand Name	Ingredient Strength

Allergies

Medication Allergy?	Yes No	Explain:
Food Allergy?	Yes No	Explain:
Airborne Allergy?	Yes No	Explain:
Severe Allergy?	Yes No	Explain:
Special Dietary Needs?	Yes No	Explain: Vegetarian? Yes No

General Information:

- This form must be completed once yearly.
- All medications must be in original container and labeled with your camper's name. If there is more than one medication, please put in a resealable plastic bag.
- If your camper requires an inhaler, please bring two. One will stay with the camper and one is kept in the health room.
- Nebulizer machine may be brought to camp and will be stored in health room.
- If your camper has a severe allergy that requires an Epi-Pen, bring it to camp and it will be kept by the medical coordinator, or in severe cases the staff member your camper is with.
- We will make every effort to contact you if your child has need for offsite healthcare. We do not contact you for routine problems such as skinned knees, headache, etc.
- You will have the opportunity to meet the Medical Coordinator during registration. If any special arrangements need to be made, you can discuss them at that time.
- My signature below releases Edwards YMCA Camp, including its trustees, employees and agents from camper's physical injury, including death, or illness while at camp. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives, or assigns.
- The health information provided above is accurate to the best of my knowledge and within the guidelines set forth by my child's physician. Camper listed above has permission to engage in all prescribed activities, except as noted. I give Edwards YMCA Camp authorization to share any health information deemed necessary with applicable camp staff that will be involved directly.
- EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by Edwards YMCA Camp to order ambulance transport, x-rays, routine tests, and treatment for the camper named above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Edwards YMCA Camp to hospitalize, secure proper treatment for, and order injection and/or anesthesia and/or surgery for the camper named above.
- I authorize the administration of the medication(s) listed above while my child is at Edwards YMCA Camp.

Signature

 Parent/Guardian or Adult Camper/Staff Member

 Date

Return Completed Form by June 1st