

HEALTH HISTORY/EMERGENCY MEDICAL AUTHORIZATION

Camper Last Name _____ First Name _____ Date _____

Physician _____ Phone _____

Address _____ City _____ State _____ Zip _____

Dentist _____ Phone _____

Medical Insurance Carrier _____ Policy or Group # _____

Emergency Hospital Preference _____
(the local hospital you prefer we send your child to in an emergency)

Has the child ever had or been subject to (circle Y or N):

Y	N	Frequent Ear Infections	Y	N	Heart Trouble	Y	N	Diagnosed with ADD/ADHD	Y	N	Asthma
Y	N	Epilepsy	Y	N	Learning Disabilities	Y	N	Diabetes	Y	N	Allergies

**My Child will need to have
an Inhaler and/or Epi-Pen while at camp
(check all that apply)**

_____ Inhaler _____ EpiPen

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

Date of last Physical (required) _____

Medications to be given at camp _____ Dose _____ Time _____

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→ Authorization to dispense medications (parent signature) _____

PLEASE NOTE:

If your child requires medication during the camp day, please deliver the amount needed for the day or the week in the original prescription bottle to the Camp Director accompanied with written authorization to administer medication signed by the Parent or Guardian (if different from the medications listed above).

Operations or Serious Illness _____

Dietary Concerns _____

Disability/Chronic Illness _____

Activities Limited by Physician _____

I authorize YMCA Camp Staff to apply sunscreen (initial) _____ insect repellent (initial) _____ to my child as needed

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

This health history form is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities noted. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, and necessary transportation for me or my child. 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 the person named above. The completed forms may be photocopied for trips out of camp.

(Signature of parent or guardian)

REQUIRED MEDICAL FORMS

The Commonwealth of Massachusetts requires that every Camper have a certificate of immunization and recorded evidence of a physical examination performed by a physician within the last 24 months on file before attending camp. I understand that this registration will not be complete and my child will not be allowed to attend camp without this documentation.

(Signature of parent or guardian)

