

MEDICAL HISTORY FORM

Child's Name _____

Camp _____

Immunization History

Please record the date (month & year) of the basic immunizations and the most recent booster.
If you have any questions, please consult with your doctor.

DPT Booster _____ Tetanus Booster _____ Polio OPV (sabin) _____
MMR _____ Pertussis _____ HBV _____
HIB _____ Varicella _____ Tuberculin Test _____ Result _____
Date of last medical examination _____

Health History

Has your child had any of the following? If so, at what age?

Allergies

Hay Fever _____
Ivy Poisoning _____
Insect Stings _____
Penicillin _____
Sun Screen _____
Bug Spray _____

Conditions

Ear Infections _____
Heart Defect/Disease _____
Convulsions _____
Bleeding Disorders _____
Asthma/Reactive Airway _____

Food Allergies: _____

Medical Allergies: _____

Does your child carry an asthma inhaler? _____ Does your child carry an EpiPen? _____

Has your child had any operations or serious injuries? _____ At what age? _____

If so, please describe: _____

Has your child ever been hospitalized? _____ Under what circumstances? _____

Does your child have any chronic or recurring illness including seizures: _____

If yes, please explain _____

Does your child have emotional or behavioral problems? _____

Please list any additional health history information we should be aware of: _____

Does your child have any limitations to physical activity? _____

If yes, please explain: _____

IMPORTANT

PLEASE NOTIFY THE CAMP IF THIS CHILD HAS BEEN EXPOSED TO ANY COMMUNICABLE DISEASE.

This health history is correct as far as I know, and the person herein described is in _____
condition and has permission to engage in all in all usual activities except as noted above by me.

Parent or Physician's Signature: _____ **Date:** _____

Permission for emergency treatment: In order to meet all legal requirements, I hereby authorize representatives of the YMCA of Eastern Union County to give consent for any and all necessary emergency medical care for my child while he/she attends the YMCA of Eastern Union County programs.

Parent/Guardian Signature: _____ **Date:** _____

PARENT AGREEMENT

- I have received the YMCA of Eastern Union County Parent Handbook, and I will review the camp safety and behavioral guidelines with my child. I understand my communication will support my child in having a safe, happy, and memorable camp experience.
- I understand the importance of completing all registration materials prior to enrolling my child in camp. The registration materials support the YMCA in meeting licensing standards and are therefore a requirement.
- I understand that full payment is needed prior to my child's participation in camp.
- To ensure the safety of all campers, I understand that a child may be suspended or terminated from the program, at the discretion of the Camp Director, for behaviors that violate YMCA rules and procedures. I also understand that there are no refunds for suspensions or terminations.
- I understand that the YMCA of Eastern Union County is not responsible for lost or damage belongings, and that a lost and found is provided throughout the camp season.

PARENTAL AUTHORIZATION AND CONSENT

I hereby enroll my child, _____, in the YMCA of Eastern Union County Summer Camp, and I:

- Give permission for my child to participate in walking trips within the YMCA neighborhood. I understand these walks do not involve entrance into any facility and the route of any walk involves no safety hazards.
- Give consent for my child to take part in all field trips or excursions under proper supervision. I also give my consent for my child to be transported to and from field trips/ excursions.
- Give consent for my child's picture to be taken by childcare staff or area media personnel to be used for promotional purposes as deemed appropriate.
- Give permission for my child to participate in all Healthy U activities and I give the YMCA of Eastern Union County permission to fitness test my child in cooperation with the Healthy U-CATCH initiative.

Parent's Signature

Date

Inquiring YMCA staff are eager to know...

How did you hear about us?

___ Previous Camper

___ Direct Mail/Brochure

___ Website

___ Friend

___ School

___ YMCA Employee

___ Other _____