

Camper Name: \_\_\_\_\_ Session: \_\_\_\_\_ (Office Use Only)

### Health History and Examination Form

Camper Birth Date: \_\_\_\_\_ Age at Camp: \_\_\_\_\_ Gender: Male \_\_ Female\_\_

**Custodial Parent/Guardian:** \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip

Work Phone: \_\_\_\_\_ Cell Phone or Pager: \_\_\_\_\_

**Second Parent / Guardian / Emergency Contact (Please circle one):** \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address City/State/Zip

Work Phone: \_\_\_\_\_ Cell Phone or Pager: \_\_\_\_\_

**If not available in an emergency, notify:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone or Pager: \_\_\_\_\_

#### Insurance Information

Is the camper covered by family medical insurance? Yes \_\_ No\_\_ Policy Holder's Date of Birth \_\_\_\_\_

If yes, indicate carrier or plan name: \_\_\_\_\_ Group #: \_\_\_\_\_

Carrier Address: \_\_\_\_\_ Policy #: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_

#### Medications

List all over-the-counter and prescription drugs taken regularly by the camper. Pack enough medication to last the entire stay at camp. Make sure that all prescription drugs are in the original container that includes the physician name, medication name and dosage/administration instructions.

**Put original containers into a zip-loc bag labeled with the camper's name and take it to the check-in or the bus stop.**

**Please list all medications taken regularly by the camper.**

(Also note any medications taken regularly by the camper that they will not be taking while at camp.)

Medication: \_\_\_\_\_ Reason for taking: \_\_\_\_\_

Dosage/Administration Instructions: \_\_\_\_\_

Medication: \_\_\_\_\_ Reason for taking: \_\_\_\_\_

Dosage/Administration Instructions: \_\_\_\_\_

Medication: \_\_\_\_\_ Reason for taking: \_\_\_\_\_

Dosage/Administration Instructions: \_\_\_\_\_

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**Recent Health Information**

Has the camper had any recent illness, injury or infectious disease? (pink eye, lice, etc.) Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

Are there any recommended limitations placed on this camper's activity? Yes \_\_\_ No \_\_\_

If yes, please explain: \_\_\_\_\_

Are there any mental or psychological conditions that will require special considerations while at camp?

Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

**Please list all food, medicinal, or environmental allergies that pertain to this camper:**

Food Allergies: \_\_\_\_\_

Medicinal Allergies: \_\_\_\_\_

Environmental Allergies: \_\_\_\_\_

**Health History**

_____ Chicken Pox	_____ Ear Infections	_____ Migraines	_____ Mononucleosis
_____ Measles	_____ Rheumatic Fever	_____ Nosebleeds	_____ Surgeries
_____ Convulsions	_____ German Measles	_____ Braces	_____ Dizziness
_____ Mumps	_____ Diabetes	_____ Heart Murmur	_____ Seizures
_____ Asthma	_____ Behavior	_____ Contact Lenses	_____ Eating Disorders

Other health history concerns or details of any of the above:

\_\_\_\_\_

**Immunization History (Please list dates as accurately as possible, month/year)**

_____ DPT Series	_____ Booster	_____ Tetanus Booster	_____ Hepatitis B
_____ Polio OPV (Sabin)	_____ Booster	_____ Tuberculin Test	_____ MMR
_____ Other (please list)	_____		

\_\_\_\_\_

**Permission to Treat \*Important - The information below must be completed for attendance\***

I hereby give permission to the medical personnel selected by the Camp Director to provide routine health care; to administer medications; to order X-rays; routine tests; treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physicians selected by the Camp Director to secure and administer treatment, including hospitalization, for the person named above. YMCA Camp Pinewood will make every attempt to notify you before making a doctor's appointment or an emergency room visit for your child while they are in our care. All minor medical needs will be cared for by the on-site Health Director without notification of parents.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If for religious reason you cannot sign this, contact the camp for a legal waiver, which must be signed for attendance.*