



New Frontiers Day Camp Health History Form

CAMPER'S NAME _____ BIRTHDATE _____ AGE _____ GENDER _____

ADDRESS _____ CITY _____ STATE, ZIP _____

CUSTODIAL PARENT/GUARDIAN: _____ DAYTIME PH. _____ EVENING PH. _____

EMERGENCY CONTACT #1 _____ DAYTIME PH. _____ EVENING PH. _____

EMERGENCY CONTACT #2 _____ DAYTIME PH. _____ EVENING PH. _____

FAMILY PHYSICIAN _____ DAYTIME PH. _____ EMERGENCY PH. _____

* My child is in the custodial care of (check one): both parents; mother only; father only; other _____

CAMPER'S HEIGHT: _____ WEIGHT: _____ GRADE COMPLETED: _____ (spring 2010)

PLEASE CIRCLE YOU CAMPER'S SWIMMING ABILITY: non-swimmer / fair / advanced

Insurance Policy Provider: _____ Policy Number: _____

DISEASES

Please check and give approximate dates, as needed:

ADD _____ **IMMUNIZATIONS** _____ DTP Series _____ Booster _____ Hepatitis _____
 Eczema _____ Polio OPV _____ Booster _____ Chicken Pox _____
 Convulsions _____ Tetanus _____ Booster _____

ALLERGIES & REACTIONS

Poison ivy Medicines _____
 Insect stings Other _____
 Hay fever _____ Recurring or Serious Injuries: _____
Operations or serious injuries (describe) _____

HEALTH HISTORY

Describe any physical or perceptual handicaps: _____
Is the camper normally a hearty or light eater: _____
Does the camper wet the bed? (if attending resident camp): _____
Does the camper have any sleeping problems? _____
Has the camper ever had any professional counseling? _____
If so, please provide any information which may prove helpful to staff. _____

NON-PRESCRIPTION MEDICATION

I hereby give permission for YMCA staff to administer the following over-the-counter medications if deemed necessary.
I release the Carlisle Family YMCA and its staff from liability should a reaction result from non-prescription medication.
_____ Ibuprofen/Acetaminophen
_____ Tylenol
_____ Tums _____ Calamine Lotion
_____ Pepto _____ Imodium AD
_____ Benadryl _____ Cortaide

PRESCRIPTION MEDICATION

I hereby request and authorize you to give _____ (dose) of _____ (medication) as prescribed by _____, and I release the Carlisle Family YMCA and its staff from liability should reactions result from medication.

Parent/Guardian Signature _____

Date: _____

Parent/Guardian Signature _____

Camp Policy and Procedures

In signing below, I acknowledge the statements appearing above, and on pages 3 and 4 of this brochure, and endorse the veracity of my responses, including:

VERIFICATION OF RECENT PHYSICAL (NOT NEEDED FOR DAY CAMPS)

Has the camper had a health exam in the past 2 years? **Y / N**
Date of exam: _____ (if yes, another full exam is not needed)

Physician's Signature: _____ Date: _____

Health History, Medications,

Permission to Treat, Hold Harmless Statement, Photograph Policy, Sunscreen Policy, Pick-up Policy,

Staffing Statement, Registration Policy and the **Behavior Policy**. I have read this entire release of claims and fully understand it. I have satisfied my questions and concerns regarding the Carlisle Family YMCA Camping programs by speaking with representatives of the Carlisle Family YMCA Camping Program.

Parent/Guardian Signature _____

Email Address (Required if you have one) _____

Date _____