



# Youth Adventure 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 \_\_\_\_\_ 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 \_\_\_\_\_

Eczema \_\_\_\_\_

Convulsions \_\_\_\_\_

Chicken pox \_\_\_\_\_

Diarrhea \_\_\_\_\_

Operations or serious injuries (describe) \_\_\_\_\_

### IMMUNIZATIONS

\_\_\_\_\_ DTP Series \_\_\_\_\_ Booster      Hepatitis \_\_\_\_\_

\_\_\_\_\_ Polio OPV \_\_\_\_\_ Booster      Chicken Pox \_\_\_\_\_

\_\_\_\_\_ Tetanus \_\_\_\_\_ Booster

### ALLERGIES & REACTIONS

Poison ivy       Medicines \_\_\_\_\_

Insect stings       Other \_\_\_\_\_

Hay fever      Recurring or Serious Injuries: \_\_\_\_\_

### 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. \_\_\_\_\_

### 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 \_\_\_\_\_