

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.*

PLEASE RETURN

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