



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CAMPER HEALTH HISTORY FORM

DO NOT MAIL
PLEASE BRING FORM TO
CAMP ON CHECK-IN DAY

Camper Name: _____ Birth Date: ____/____/____ Age: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Parent/Guardian 1 Name: _____ Work: _____ Cell: _____

Parent/Guardian 2 Name: _____ Work: _____ Cell: _____

Family Email Address: _____

Emergency Contact Name: _____ Phone: _____ Cell: _____

Immunization History Are all immunizations up to date? Yes No Date of last tetanus shot (if known): ____/____/____

Medical Information

Family Physician: _____ Phone: _____ Date of last physical exam: ____/____/____

Medical Insurance Carrier: _____ Policy and/or group #: _____

Past or Present (please check). If YES for asterisk * items, must have a Doctor's Authorization completed (reverse side)

Currently under Dr. care* <input type="checkbox"/> Yes <input type="checkbox"/> No	ADD/ADHD <input type="checkbox"/> Yes <input type="checkbox"/> No	Head Lice (recent) <input type="checkbox"/> Yes <input type="checkbox"/> No
Heart defect/disease* <input type="checkbox"/> Yes <input type="checkbox"/> No	Autism <input type="checkbox"/> Yes <input type="checkbox"/> No	Chicken Pox <input type="checkbox"/> Yes <input type="checkbox"/> No
Recent hospitalization* <input type="checkbox"/> Yes <input type="checkbox"/> No	Asperger's Syndrome <input type="checkbox"/> Yes <input type="checkbox"/> No	Measles <input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma* <input type="checkbox"/> Yes <input type="checkbox"/> No	Bedwetting <input type="checkbox"/> Yes <input type="checkbox"/> No	German Measles <input type="checkbox"/> Yes <input type="checkbox"/> No
Seizures* <input type="checkbox"/> Yes <input type="checkbox"/> No	Sleepwalking <input type="checkbox"/> Yes <input type="checkbox"/> No	Other diseases/conditions <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes* <input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis <input type="checkbox"/> Yes <input type="checkbox"/> No	

For each Yes, please explain: _____

Allergies: Bee Stings <input type="checkbox"/> Yes <input type="checkbox"/> No require Epipen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Food Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No List _____	Poison Oak/Ivy <input type="checkbox"/> Yes <input type="checkbox"/> No	Penicillin <input type="checkbox"/> Yes <input type="checkbox"/> No
Other insect/animals <input type="checkbox"/> Yes <input type="checkbox"/> No List _____	Any airborne allergies <input type="checkbox"/> Yes <input type="checkbox"/> No List _____	Hay Fever <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No List _____

Dietary Restrictions? Yes No _____

Any reason to restrict full activity including swimming, long hikes, strenuous physical games? Yes No

Any current mental, or psychological conditions requiring special consideration or restrictions? Yes No

For each Yes, please explain: _____

Current medications: to be continued at camp: *(use additional pages if necessary)*

Med Name, Dosage _____ (Circle frequency) Breakfast, Lunch, Dinner, Bedtime, As needed, Other time _____

Med Name, Dosage _____ (Circle frequency) Breakfast, Lunch, Dinner, Bedtime, As needed, Other time _____

Med Name, Dosage _____ (Circle frequency) Breakfast, Lunch, Dinner, Bedtime, As needed, Other time _____

Inhalers or Epipens brought to camp? List what for and instructions _____

Other Medication Instructions for Health Care Staff: _____

Non-Prescription Medications I authorize the following medications or generic equivalent to be administered as needed:

Cough/Sore Throat Drops Yes No | Metamucil Yes No | Pepto Bismol Yes No | Cough Syrup Yes No

Acetaminophen (Tylenol) Yes No | Benadryl Yes No | Ibuprofen (Advil) Yes No | Hydrocortisone Yes No

Ethnicity (for statistical reporting only) Black/African American Asian/Pacific Islander Hispanic/Latino
 White/Caucasian Native American Other: _____

Waiver of Liability: I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program. In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above in any program, I, on behalf of myself (as parent, guardian, coach, aide, spectator or participant) hereby: 1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended and (iv) I voluntarily sign this document. 2. Except for YMCA's gross negligence or willful misconduct I release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me or the above said minor, for any loss or damage to property or injury or death to person, whether said damage or injury results from conditions arising upon the YMCA facilities or arising out of or in connection with YMCA programs or activities. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant or user of the YMCA premises or participant in YMCA programs or activities. I agree that the above said minor assumes full responsibility for, and risk of, bodily injury, death or property damage except caused or due to the gross negligence or willful misconduct of the YMCA. 3. I agree not to sue Releasees for any loss, damage, injury or death described above and except for YMCA's gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless the YMCA and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with, the YMCA membership, use of YMCA facilities and/or participation in YMCA programs by me, the above said minor or any other person. If any action or proceeding is brought against YMCA by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to YMCA and YMCA shall cooperate with me in such defense. YMCA need not have first paid any such claim in order to be defended or indemnified. 4. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

Luggage Search: I agree that any camp participant's belongings may be searched outside the participant's presence for drugs, alcohol, weapons or other forbidden objects.

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

Photographic Waiver/Consent: I give my permission to the YMCA of San Diego County to use my picture or other likeness, or a picture or other likeness of any of my children in the YMCA's general publicity and campaign materials.

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



THIS SECTION TO BE COMPLETED IF CURRENTLY UNDER DOCTOR'S CARE OR *ASTERISK-HEALTH CONDITION IS CHECKED ON FRONT OF THIS FORM.

Note: A Doctor's written authorization is only required if the camper has a history of Asthma, Heart Defect/Disease, Seizures, Diabetes, has been recently hospitalized, or is currently under a Doctor's care. If so, complete this section.

Health Examination by Licensed Physician

Child's Name: _____ Birth Date: ___/___/___ Sex: _____

Parent's name: _____

Because of this camper's medical history, we have asked that your written authorization be provided prior to their attendance at YMCA Camp. Please realize that camp is held at either mountain (4300 feet elevation) or oceanfront settings. The programs are very active with strenuous hiking, games, swimming, surfing, and camp activities. Your careful consideration is appreciated.

I have examined the child named on this form within the past two years. Date examined: ___/___/___

After examination and my review of his/her health history, it is my opinion that this person is physically able to engage in camp activities, except as noted below.

Height: _____ Weight: _____ Blood pressure: _____

Is the applicant under the care of a physician for any conditions? Yes No Please explain: _____

Any specific activities to be encouraged or limited by physician's advice? _____

Any medically prescribed meal plan or dietary restrictions? _____

Any treatment or medications to be continued at camp (please give specific dosages)? _____

Any allergies? (Food, drugs, plants, insects, etc): _____

Additional health information: _____

Licensed physician signature: _____ Date: ___/___/___

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Date of form completion: ___/___/___ By: _____

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