



Lake County YMCA Central Branch Summer Camp  
**HEALTH HISTORY & EXAMINATION**

*The information on this form is required of campers and staff; it is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.*

Participant Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age at camp \_\_\_\_\_  
Last First Initial

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

Gender: Male Female

Custodial Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_  
(If different from above) Street Address City State Zip

Business Address \_\_\_\_\_  
Street Address City State Zip

Home Ph \_\_\_\_\_ Office Ph \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Second Parent/Guardian or Emergency contact \_\_\_\_\_

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

Business Address \_\_\_\_\_  
Street Address City State Zip

Home Ph \_\_\_\_\_ Office Ph \_\_\_\_\_ Cell/Pager \_\_\_\_\_

ALLERGIES List all known (medications, insects stings, hay fever, animal dander, etc.) and describe reaction and management of reaction.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MEDICATIONS BEING TAKEN**

Please list **ALL** prescription medication taken routinely. Bring enough medication to last the **entire week** at camp. Keep it in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis

This person takes medications as follows: *Attach additional pages as needed*

**Med #1** \_\_\_\_\_ Dosage \_\_\_\_\_

Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

**Med #2** \_\_\_\_\_ Dosage \_\_\_\_\_

Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Identify any medications taken during the school year that participant does/may not take during the summer: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child have any medical conditions that we should be aware of? (asthma, diabetes, etc.) Please explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has your child had a tetanus shot in the last five years? If yes, date. \_\_\_\_\_

Any additional information we should know? \_\_\_\_\_  
 \_\_\_\_\_

**Please initial to verify that you have read and understand each statement.**

\_\_\_\_\_ I give the Lake County YMCA my permission to transport my child to and from the daily Day Camp program site.

\_\_\_\_\_ I understand that in the event of any accident or emergency that every effort will be made to contact me. However, in the event that I cannot be reached, I hereby give my permission to the physician selected to give proper treatment, administer injections and to perform surgery as needed if necessary.

\_\_\_\_\_ "In consideration of the opportunity to participate in programs of the YMCA, I hereby assume all risks and release and hold harmless the association and all it's members, volunteers and employees from any claims which might arise as a result of my presence, participation or membership in the association."

\_\_\_\_\_ I understand that the balance of camp fees is due no later than the Friday before the week of camp. The deposit per session is not refundable and a late fee will be assessed.

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