LAKE COUNTY YMCA EAST END BRANCH
CAMP NEEHI
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 at camp. Provide complete information so that the camp can be aware of your needs.

PARTICIPANT NAME _____ Birth Date _____
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 Phone _____ Office Phone _____ Cell/Pager _____

SECOND PARENT/GUARDIAN or EMERGENCY CONTACT _____

Home Address _____
Street Address City State Zip

Business Address _____
Street Address City State Zip

Home Phone _____ Office Phone _____ Cell/Pager _____

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

_____ _____
_____ _____
_____ _____

MEDICATIONS BEING TAKEN (Please list ALL prescription medication taken routinely.)

- ❑ This person takes NO medications on a routine basis.
- ❑ This person takes medications as follows *(attach additional pages as needed)*:

Med #1 _____ Dosage _____ **Med #2** _____ Dosage _____
Specific times taken each day _____ Specific times taken each day _____
Reason for taking _____ Reason for taking _____

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 understand that, in the event of any accident or emergency, every effort will be made to contact me. However, in the event that I cannot be reached, I hereby give my permission to transport my child to the nearest hospital and 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 its members, volunteers and employees from any claims which might arise as a result of my presence, participation of membership in the association.

_____ I give permission to the Lake County YMCA for the unrestricted use of my child's name, photograph or other likenesses of his/her property for advertising trade or similar purposes. I give this consent voluntarily without any expectation of remuneration or reward, and I do hereby waive my right to such remuneration or reward.

Parent/Guardian Signature _____ **Date** _____