

Lake County YMCA Central Branch Funday
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 Funday program site.

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 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.

_____ 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.

_____ “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

Parent/Guardian Signature _____ **Date** _____