

YMCA Camper Health History Form

*** **ATTENTION** - Required for attendance by all youth campers under the age of 18 ***

Camper Name: _____ Birth Date: _____ Age: _____ Sex: _____
(Last) (First) (MI)
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 Name of Parent/Guardian I: _____ Phone (H): _____ (W): _____
 Alternate/Emergency Contact: _____ Emergency Phone: _____

WAIVER OF LIABILITY - Signature required for camp attendance.

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in the YMCA program described above. 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 YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above or 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 had the opportunity to inspect the YMCA facilities and equipment, (iii) I accept them as being safe and reasonable suited for the purposes intended and (iv) I voluntarily sign this document. 2. Release YMCA its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch. 3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees. 4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise. 5. 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.

Signature of Parent or Guardian: X _____ Date: _____

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

Medical Insurance Carrier: _____ Policy and/or Social Security #: _____ Group #: _____

Medical Information past or present (please check):

Asthma	<input type="radio"/> Yes <input type="radio"/> No	ADD/ADHD	<input type="radio"/> Yes <input type="radio"/> No	Measles	<input type="radio"/> Yes <input type="radio"/> No
Heart Defect/Disease	<input type="radio"/> Yes <input type="radio"/> No	Head Lice (recent)	<input type="radio"/> Yes <input type="radio"/> No	German Measles	<input type="radio"/> Yes <input type="radio"/> No
Recent Hospitalization	<input type="radio"/> Yes <input type="radio"/> No	Bedwetting	<input type="radio"/> Yes <input type="radio"/> No	Other Diseases or Conditions	<input type="radio"/> Yes <input type="radio"/> No
Currently under Dr.'s care	<input type="radio"/> Yes <input type="radio"/> No	Sleepwalking	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Seizures	<input type="radio"/> Yes <input type="radio"/> No	Tuberculosis	<input type="radio"/> Yes <input type="radio"/> No	_____	_____
Diabetes	<input type="radio"/> Yes <input type="radio"/> No	Chicken Pox	<input type="radio"/> Yes <input type="radio"/> No	_____	_____

For each yes, please explain: _____

Allergies:

Hay Fever	<input type="radio"/> Yes <input type="radio"/> No	Bee Stings	<input type="radio"/> Yes <input type="radio"/> No	Penicillin	<input type="radio"/> Yes <input type="radio"/> No
Oak/Ivy Poisoning	<input type="radio"/> Yes <input type="radio"/> No	Bee Sting Kit?	<input type="radio"/> Yes <input type="radio"/> No	Other Drugs	<input type="radio"/> Yes <input type="radio"/> No
Foods	<input type="radio"/> Yes <input type="radio"/> No	Other insects/animals	<input type="radio"/> Yes <input type="radio"/> No	Any other allergies?	<input type="radio"/> Yes <input type="radio"/> No

Current medications to be continued at camp (dosage/frequency): _____

Dietary restrictions? Yes No

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

If yes, please explain: _____

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

Tylenol	<input type="radio"/> Yes <input type="radio"/> No	Sucrets	<input type="radio"/> Yes <input type="radio"/> No	Pepto Bismol	<input type="radio"/> Yes <input type="radio"/> No	Benadryl	<input type="radio"/> Yes <input type="radio"/> No
Chloraseptic	<input type="radio"/> Yes <input type="radio"/> No	Cough Drops	<input type="radio"/> Yes <input type="radio"/> No	Ibuprofen	<input type="radio"/> Yes <input type="radio"/> No	Cough Syrup	<input type="radio"/> Yes <input type="radio"/> No