

YMCA CAMPS OCKANICKON & MATOLLIONEQUEY

SCHOOL'S OUT AT CAMP

**HEALTH HISTORY FORM**

NAME OF CHILD: \_\_\_\_\_

**HEALTH HISTORY**

**II. CHILD'S HEALTH HISTORY** (please check and explain if appropriate): Frequent Ear Infections

Epilepsy Convulsions Diabetes Asthma Bleeding Disorder Hypertension Hearing Impairment

Heart Defect/Disease Other (please specify) \_\_\_\_\_ **None of the above**

**Allergies:** Insect Bites \_\_\_\_\_ Penicillin Other Drugs \_\_\_\_\_ Foods \_\_\_\_\_ None

Does Your Child have any special needs or classifications? If yes, explain \_\_\_\_\_

Has this child ever required any counseling or hospitalization? If yes, explain \_\_\_\_\_

Does this child have any chronic or reoccurring illness? \_\_\_\_\_

Does this child take any medications? If yes, indicate purpose \_\_\_\_\_

Will the child need medication during program hours? If yes, what time \_\_\_\_\_

**\*\*\*\*Please give program Supervisor any prescription medication with full instructions on dosage\*\*\*\***

**(Note:** A medication permission slip will be available at the drop-off location.)

Family Physician Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, treatment, and necessary transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child as named above. I understand that I will be responsible for the payment of all medical bills. The completed form may be photocopied for trips out of camp. I further agree to hold harmless the YMCA and its staff members conducting the activities from any and all claims, suits, losses or the otherwise, during or arising in any way from the activities. I acknowledge that this General Release of Liabilities to YMCA Camp Ockanickon, Inc. is binding on me personally and my heirs, personal representatives, successors, and assigns.

**Parents Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**III. CHILD'S SPECIAL INTEREST :** Arts & Crafts Sports Reading Drama Music Other

Please share any information that will help in meeting your child's needs: \_\_\_\_\_

**NOTE TO PROGRAM SUPERVISORS:** Please attach this form to the child's registration form. Thank You!