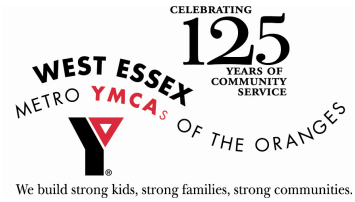
CELEBRATING 125 YEARS OF COMMUNITY SERVICE

WEST ESSEX METRO YMCAs OF THE ORANGES

We build strong kids, strong families, strong communities.



CAMPER MEDICAL RELEASE

West Essex YMCA / Pioneer Trails

Name: _____ Home Phone #: _____ Cell Ph#: _____
Last First Middle Initial Grade Level Attained: _____
Address, City, State, Zip: _____
Birth Date: _____ Age: _____ Sex: _____ Email Address _____
Parent or Guardian Name: _____
Parent Info: Home Ph. #: _____ Work Phone #:_____ Cell Ph. #: _____
If parent/guardian is not available in an emergency, please notify:
1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

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HEALTH HISTORY- All information must be entered (or enter NONE in each blank if you don't have what is asked for)

Physician: _____ Phone #: _____
Health Insurance Co._____ Policy #: _____
Dentist: _____ Phone #: _____
List any current allergies or dietary restrictions_____
List any current medications (prescribed and over the counter) _____
Describe any other current physical, mental, or psychological conditions requiring medication, treatment, therapy or special restrictions or considerations while at camp (including dates)
_____
_____
List any past medical treatments that could be affected by camp activities (including dates)
_____
Have you had any past or current mental counseling or psychiatric therapies? (circle) Yes No
If yes, attach a release from doctor attesting fitness to work with children.
List any camp activities which should be exempted due to health reasons_____
If yes, attach a release from doctor attesting fitness to work.

IMMUNIZATION HISTORY (MANDATORY: enter dates or provide copy of latest immunization record)

DTP Series _____ (booster) _____ Tetanus booster _____ Polio TOPV _____ (booster) _____ Measles _____ Mumps _____ Rubella _____ Tuberculin Test _____ Other_____

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AUTHORIZATION AND AGREEMENT: (Parent/Guardian must sign if staff person is a minor)

This health history is complete and correct so far as I know. The child herein described agrees to engage in all camp program activities, except as noted. I grant permission for my child to engage in all camp program activities, except as noted.

In the event that I am unable to give my consent because of medical conditions, I hereby give permission to the physician selected by the Camp Director to hospitalize, to secure proper medical treatment for, and to order injection, anesthesia, or surgery for person named above.

The YMCA reserves the right to use any or all photographs taken of me/my child in YMCA programs.

Signature: X _____ Date: _____
(Parent/Guardian)