



**CAMPER MEDICAL RELEASE**  
West Essex YMCA / Super Summer

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: \_\_\_\_\_

\*\*\*\*\*  
 \*\*\*\*\*

**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 \_\_\_\_\_

\*\*\*\*\*  
 \*\*\*\*\*

**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)