

YMCA *Southcoast* HEALTH HISTORY FORM 2009

THIS FORM MUST BE COMPLETED EACH YEAR. PLEASE SEND TO THE CAMP YOUR CHILD WILL BE ATTENDING.

CHECK CAMP CHOICE: MASSASOIT METACOMET NEP-IN-NAE FREDERICK DOUGLASS Y QUEQUECHAN
 CAMPER _____ STAFF _____ CIT _____

NAME	() MALE () FEMALE	D.O.B. / /	AGE AT CAMP	GRADE
PARENT OR GUARDIAN	PHONE (HOME)	PHONE (CELL)		
EMERGENCY CONTACT	PHONE			
OPERATIONS OR SERIOUS INJURY (INCLUDE DATES)				
CHRONIC OR RECURRING ILLNESS OR MEDICAL CONDITION			DIABETES?	YES _____ NO _____
MENTAL, EMOTIONAL OR SOCIAL CONCERNS			IEP?	YES _____ NO _____
DIETARY RESTRICTIONS				
ACTIVITY RESTRICTIONS				
ALLERGIES (PLEASE BE SPECIFIC REGARDING SEVERITY OF ALLERGY)				
CURRENT MEDICATIONS		REASON FOR MEDICATION(S)		
MEDICATION TO BE ADMINISTERED AT CAMP	DOSAGE	TIME		
NAME OF FAMILY PHYSICIAN		PHONE		

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER (TO BE COMPLETED BY PARENT OR GUARDIAN)

NAME OF LICENSED PRESCRIBER	NAME OF MEDICATION	DOSE GIVEN AT CAMP
ROUTE OF ADMINISTRATION	FREQUENCY	DATE ORDERED
DURATION OF ORDER	QUANTITY RECEIVED	EXP. DATE OF MEDICATION
SPECIAL STORAGE REQUIREMENTS	SPECIFIC INSTRUCTIONS	
SPECIFIC PRECAUTIONS	POSSIBLE SIDE EFFECTS/ADVERSE REACTIONS	
OTHER MEDICATIONS	LOCATION WHERE MEDICATION ADMINISTRATION WILL OCCUR	

AUTHORIZATION TO ADMINISTER MEDICATION TO A CAMPER

I HEREBY AUTHORIZE _____ TO ADMINISTER TO MY CHILD, _____ (CHILD'S NAME)
 THE MEDICATIONS LISTED ABOVE IN ACCORDANCE WITH 105 CMR 430.160
 PARENT SIGNATURE _____ DATE _____

HEALTH HISTORY (CHECK BOX AND GIVE APPROX. DATES)

- FREQUENT EAR INFECTIONS _____
- HEART DEFECT/DISEASE _____
- CONVULSIONS _____
- DIABETES _____
- BLEEDING/CLOTTING DISORDERS _____
- HYPERTENSION _____
- MONONUCLEOSIS _____
- CHICKEN POX _____
- MEASLES _____
- GERMAN MEASLES _____
- MUMPS _____

ALLERGIES - DATES NOT NEEDED

- HAY FEVER
- IVY POISONING, ETC.
- INSECT STINGS - BE SPECIFIC _____
- PENICILLIN
- OTHER DRUGS
- ASTHMA
- OTHER - SPECIFY _____

THIS BOX MUST BE SIGNED ON A YEARLY BASIS

This health history is correct so far as I know, 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 act in the best interest of my child in case of an emergency. Every effort will be made to contact a responsible adult. The completed forms may be photocopied for trips out of camp.

 Signature of parent/guardian or adult camper/staffer Date

 Relationship to child

**** THIS MUST BE SIGNED BY A PARENT/GUARDIAN
 FOR ANY CAMPER/STAFFER UNDER 18.**