

# YMCA Camp Pendalouan Health History Form

To fill this form out online go to: <https://goo.gl/forms/PY2sM5eIV29nvVxJ3>

Camper Name \_\_\_\_\_ Session \_\_\_\_\_

Birthdate \_\_\_\_\_ Age at Camp \_\_\_\_\_ Gender  Male  Female

Home Address \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_  
name relationship phone

Emergency Contact #2: \_\_\_\_\_  
name relationship phone

## Medication Information

Please list all over-the-counter and prescription drugs taken regularly by the camper. Pack enough medication to last the entire stay at camp. **We can only accept and administer medications in their original container.**

This camper takes the following medications:

Med #1 \_\_\_\_\_ Reason for taking \_\_\_\_\_

Dosage/Administration Instructions \_\_\_\_\_

Med #2 \_\_\_\_\_ Reason for taking \_\_\_\_\_

Dosage/Administration Instructions \_\_\_\_\_

Med #3 \_\_\_\_\_ Reason for taking \_\_\_\_\_

Dosage/Administration Instructions \_\_\_\_\_

## Allergies

List all known: (describe reaction and management of the reaction)

Medication allergies (list) (Attach an additional sheet if necessary.)

Food allergies (list) (Attach an additional sheet if necessary.)

Other allergies (list) (Attach an additional sheet if necessary.)

## Restrictions - please explain any restrictions below.

Dietary \_\_\_\_\_

Activities \_\_\_\_\_

Please provide any additional information about the participant's behavior, physical, emotional, or mental health that the camp should be aware. (Attach an additional sheet if necessary.) \_\_\_\_\_

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**Camper Name** \_\_\_\_\_

**Insurance Information**

carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Policy holder or Insurance ID Number \_\_\_\_\_

Has the camper had any past medical treatment that camp should be aware of? \_\_\_\_\_

Are immunizations up to date?  Y  N Date of last Tetanus shot: \_\_\_\_\_

If no, please explain \_\_\_\_\_

I hereby certify that the above-named camper is in good physical health and subject to the camp rules and regulations.

Parent/Guardian grants full permission to YMCA Camp Pandalouan to use any photograph, video tape, film, or motion picture of camper and/or family in promotional materials.

I understand that there are certain risks involved in camping activities. By signing below, I agree to defend, indemnify and hold harmless YMCA Camp Pandalouan / the Muskegon Family YMCA, it's officers, employees, and representatives from and against any and all liability, loss, damage, injury, or death arising from acts connected with any camp activities, use of facilities and equipment, or interaction with any campers or staff. YMCA Camp Pandalouan reserves the right to cancel any program scheduled or currently in progress at camp.

**Permission to Provide Necessary Treatment or Emergency Care:**

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange 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 the person named above. The completed form may be photocopied for trips out of camp.

For the camper listed on this form, within 48 hours of arrival to camp, I have or will have inspected his or her head for lice and belongings for any insect infestations and will not allow her or him to attend if so infected.

Signature of parent or guardian if under age 18 \_\_\_\_\_ Date \_\_\_\_\_