

**YMCA CAMP PENDALOUAN OUTDOOR EDUCATION CENTER
STUDENT/CAMPER HEALTH FORM**

Student's Name: _____ Birthdate: _____ Age: _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contacts - if the parent/guardian cannot be reached:

<u>Name</u>	<u>Day Phone</u>	<u>Night Phone</u>
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Family Physician: _____ Phone: _____

Medical Insurance Company: _____ Policy #: _____

Medication Information

Will your child be taking medications when at camp? yes no If yes, explain and list all medications, dosages and times:

<u>Name of Medication</u>	<u>Dosage</u>	<u>Time given</u>
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Allergies

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

Medication allergies _____

Food allergies _____

Other allergies _____

In the event of illness, my child can be given over-the-counter medications (i.e. Tylenol, Advil, Cough Drops, Tums, etc.): yes no

Does your child have any other conditions we should be aware of (i.e. bedwetting, sleeping, etc.): _____

I authorize the camp (in accordance with state regulations), in an emergency regarding the health care of my child to take such necessary measures as the camp authorities and licensed physician selected by the camp deem appropriate. I further consent to any routine or other non-medical care that my child may be required to undergo either due to circumstances previous to or during the camp session.

I will hold YMCA Camp Pandalouan and the Muskegon Family YMCA and their employees harmless from any liability for incidents that may arise while at camp, realizing that there may be risks in camp activities.

I hereby grant full permission to YMCA Camp Pandalouan to use any photo, video, or other digital media of my camper and/or family.

Parent/Guardian Signature: _____ Date: _____