

YMCA CAMP SEYMOUR HEALTH FORM

This form needs to be filled out for any youth attending camp without their parent—a responsible adult for youth participants must be noted and parent must sign.

Name of youth: _____

Name of Responsible Adult at camp: _____

Home Address of child: _____

City _____ State _____ Zip _____

Home Phone () _____ Gender M F Other Birthdate: _____ Age: _____

1st Parent's/Guardian's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

2nd Parent's/Guardian's Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Home Address (if different from above) _____

Camper lives with (check one): 1st, 2nd, Both together, Both: separately, Other: _____

Additional Contacts - *If the above are unreachable these will be contacted in case of camper illness/behavior*

1. Name _____ Relationship to camper: _____

Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship to camper: _____

Home Phone _____ Work Phone _____ Cell Phone _____

Insurance Information - Is the participant covered by family medical/hospital insurance? Yes No

Carrier/plan name _____ Group # _____

Name of Insured _____ Relationship to Participant _____

Health Information – Please note any health concerns or allergies that might affect this child's stay:

Authorization to Provide Necessary Treatment or Emergency Care

I hereby give permission to medical personnel selected by the camp director to order x-rays, routine tests, or other treatment; to release any records necessary for insurance purposes; to release a diagnosis and prescription to camp staff; and to provide or arrange any necessary related transportation for my child. If I cannot be contacted, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization. This form is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted on this form.

Parent Signature _____ Date _____