

# YMCA CAMP WIDJIWAGAN HEALTH HISTORY FORM FOR YOUTH

Dear Parent/Guardian,

The information requested on this form will be used to provide your child with the best possible experience during his/her visit to YMCA Camp Widjiwagan. By program policy, all of the information is confidential and will only be made available to the staff members working with your child.

Thank you for taking time to complete this form. Please, return it as soon as possible to the lead staff person coordinating the trip. For your child's safety in the event of an emergency, it is crucial that complete information is provided.

Name \_\_\_\_\_ Age \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Birth Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact (if parent/guardian is unavailable) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Does your child take any medication? Please describe \_\_\_\_\_

Has your child recently experienced any serious injuries or operations? Please describe. \_\_\_\_\_

Has your child recently been exposed to any contagious disease? Please describe \_\_\_\_\_

Date of your child's last tetanus booster (required within past 10 years) \_\_\_\_\_

Does your child have any of the following health concerns? **Please provide complete details on the back of this form if any of the following items are checked.**

Health History:

- Diabetes
- Asthma
- Anorexia/Bulimia
- Convulsions
- Attention Deficit

Allergies:

- Hay Fever
- Insect Stings
- Penicillin
- Other Drugs
- Foods

Other:

- Sleep Walking
- Fainting
- Bedwetting
- Dietary Concerns

**This section must be signed before participation will be allowed:**

- I hereby give permission for my child to participate in the program offered by the YMCA Camp Widjiwagan staff and :
- To the medical personnel selected by the Widjiwagan staff to hospitalize, secure proper treatment for, and to order anesthesia or surgery for my child in case of surgical emergency. Widjiwagan will notify you as soon as possible in the event that we need to take your child to the clinic or the hospital.
  - For Widjiwagan to use for promotional purposes any photos or videos taken of my family while involved in Widji programs.
  - For my son or daughter to participate in the Widjiwagan program and to ride in Widjiwagan vehicles with certified drivers.

Signature of parent or guardian: \_\_\_\_\_ Date \_\_\_\_\_