

Immunization Form

*You must provide the camp with an immunization history for your child and proof of a physical examination conducted by a physician within the last 24 months (24 months prior to the start date of camp). You may submit a copy of the physician's record or have your physician complete the following: Immunization History (please give month and year of immunization)

Has your child had any of the following diseases (please give dates):

..... Chicken Pox Measles German Measles Mumps

In the event of illness or accident to my child while attending YMCA Summer Camp, I hereby authorize the Director, Nurse of the Camp or the medical personnel selected by the Camp Director to administer and/or secure prompt medical treatment for my child. Unless otherwise noted, I authorize the Camp Nurse or Camp Director to administer Tylenol (acetaminophen) or Motrin/Advil (Ibuprofen) as directed by the Camp Physician for pain or fever. I also give permission to release any records necessary for insurance purposes and to provide or arrange related transportation for my child to the nearest medical facility as necessary. 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 my child. I also state this health history is correct to the best of my knowledge, and the person herein described has permission to engage in all camp activities except as noted. *This form may be photocopied for use out of camp.

Please note exceptions:
Signature of parent/guardian
Date.....
Relationship to child.....

MMR #1..... MMR #2.....

Polio Vaccine: if IVP (3 doses required)

1..... #2..... #3.....

if mixed IVP/OVP (4 doses required)

1..... #2..... #3..... #4.....

DTaP/DTP/DT/Td (4 doses required)

1..... #2..... #..... #4.....

(a Td booster is required every 10 years) date of last booster

if applicable.....

Hepatitis B (for all children born after 1/1/92 - 3 doses required)

1..... #2..... #3.....

Physical Examination by Licensed Physician

I have examined the camp applicant within the past two years.
Date examined.....

In my opinion, the child listed above is able to participate in an active camp program with the following limitations:
.....

No limitations.....
The applicant is under the care of a physician for the following condition(s):
.....

Current treatment (include current medications):
.....

Recommendations and restrictions while at camp (please indicate any treatments, medications, dietary restrictions):
.....

Allergies (food, drug, plant, insect, etc.):
.....

Licensed Physician's Signature

Phone

Address.....

Date of Form Completion.....

By (initial if completed by nurse or PA)

SUMMER CAMP EMERGENCY INFORMATION

MAIL TO: YMCA Summer Camp • PO Box 188 • W. Barnstable, MA 02668
508-362-6500 x113

Camper's Name..... Birth Date.....
Sex..... Age (as of 6/1/10).....
Street Address..... City.....
State.....Zip.....
Summer Address (if different).....

Home Phone Number
Your child will not be released to any person other than those indicated with a check on the sheet below. If your child is signed-out, a photo I.D. will be required by the person picking him/her up. Your child can only be signed out by the people listed below.

Please indicate with a check those persons to whom your child may be released in case of illness/injury or dismissal. In case of an emergency/illness, we will call the following contacts in the order listed unless otherwise noted.

Parent/Guardian.....Day Phone Number
Relationship..... Other Phone Number.....

Address (if different than child's)

Parent/Guardian.....Day Phone Number
Relationship.....Other Phone Number.....

Address (if different than child's)

Emergency Contact.....Day Phone Number
Relationship.....Other Phone Number.....

Emergency Contact.....Day Phone Number
Relationship.....Other Phone Number.....

Emergency Contact.....Day Phone Number
Relationship.....Other Phone Number.....

Is there a court order in regard to the child's custody? Yes..... No..... Is there a current restraining order in regard to who may have contact with this child? Yes..... No..... If yes to either questions, a copy of order is needed for the child's file. Please attach to registration information.

Signature of parent/guardian

Relationship to child.....Date

SUMMER CAMP - MEDICAL HISTORY

(MUST BE FILLED OUT EACH YEAR)

Child's Name.....

Date of Birth.....

Name of Family Physician.....

Physician's Phone Number.....

Address of Physician

Name of Dentist.....

Phone Number

Name of Orthodontist.....

Phone Number

Do you carry medical/hospital insurance? Yes..... No.....

If so, please indicate: Carrier.....

Policy/Group #.....

Operations or serious injuries (dates).....

Chronic or recurring illness/medical condition

Dietary restrictions

Allergies.....

Current Medications

Medications to be administered at camp

* * An Authorization to Administer Medication To A Camper form must be completed prior to camp . Please contact the Camp Lyndon camp nurse or Camp 132 Camp Director with any questions. This form will be available prior to and on the first day of each session of camp. Medications MUST be brought to camp by a parent/guardian. Medications MUST be in the original container with a correct and current prescription label (pharmacy will provide a separate container upon request).

Please indicate with a check (and dates if appropriate) if your child has experienced any of the following:

- Frequent ear infections
- Seizures/Epilepsy
- Asthma
- Hypertension
- Lyme Disease
- Heart Condition/Disease
- Diabetes
- Bleeding/Clotting Disorders
- Mononucleosis

Continued on page 8