



YMCA CAMP TAKODAH WINTER REUNION HEALTH INFORMATION FORM

Please note that the information on this form is NOT part of the family or camper acceptance process. The information is gathered only to assist camp staff in caring appropriately for Winter Reunion participants. We require a NEW Health Information Form every year.

Family/Group Last Name: _____

Family/Group Member Full Names and Ages:

Family Street Address: _____

Emergency Contact

Name: _____ Relationship: _____ Best Phone: _____

Allergies

Describe Reaction and Management of Reaction

Health Conditions

Describe Any Potential Treatments at Camp

Restrictions

Describe Any Accommodations Necessary for Each Restriction

Special Dietary Needs

- None No Red Meat No Poultry No Dairy No Pork No Eggs No Gluten

Please explain any necessary accommodations for special dietary needs: _____

Parent / Guardian Authorization: As a head of household for the family/group, I attest that this Health Information Form is accurate and complete, and that the people described herein have permission to participate in all camp activities except as noted. I hereby give permission to Camp Takodah to provide routine health care, including prescribed medications, and seek emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission for camp to arrange necessary related transportation for the people described herein. If I cannot be reached in an emergency, I hereby grant permission to the physician selected by Camp Takodah to secure and administer treatment, including hospitalization, for the people described herein. This completed form may be photocopied for use on trips out of camp. I authorize the Cheshire YMCA to use photos, videos, or likenesses of my children taken in the YMCA's camping program for business and promotional purposes.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Printed Name: _____