

# TAKODAH YMCA: Outdoor Education Health Form

Participant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*Emergency Contact Information:** \_\_\_\_\_

Primary Parent/Guardian: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Address: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Secondary Parent/Guardian: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Address: \_\_\_\_\_ Phone 2: \_\_\_\_\_

If not available in emergency, contact: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Is the participant covered by family medical/hospital insurance?  YES  NO

Cardholders Name: \_\_\_\_\_ Carrier/Plan name: \_\_\_\_\_

Group number: \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of family Dentist/Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health History**

Are there any physical, emotional, or behavioral issues Camp should be aware of? Recent or ongoing medical treatment?

YES  NO If YES (please note below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** Describe Reaction and management of the reaction

\_\_\_\_\_  
\_\_\_\_\_

**Restrictions:**

Dietary Restrictions:  NONE  NO RED MEAT  NO POULTRY  NO DAIRY  NO SEAFOOD  NO PORK  NO EGGS  
Describe any restrictions to activity (what cannot be done, necessary limitations or adaptations, and why?)

\_\_\_\_\_  
\_\_\_\_\_

**Medications:**

Does the camper require any medications?  YES  NO If YES (please give details below)

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken each day: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Specific times taken each day: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

**Parent Authorization:** I attest that this health form is accurate and complete, and that the person described herein has permission to participate in all camp activities except as noted by me. If I cannot be reached in an emergency, I hereby grant permission to qualified instructors or other medical personnel to secure and administer treatment, including hospitalization, for the above named person. This completed form may be photocopied for use on trips out of camp.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo/Media Release**

I authorize the reproduction, publication and use by the Takodah YMCA for promotional, marketing, public relations, or any other purpose, any picture or likeness of my child taken during the YMCA Camp Takodah Programs.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_

Parent/Guardian Signature (if under 18 years old): \_\_\_\_\_