





# MEDICAL HISTORY FORM

Child's Name \_\_\_\_\_

Camp \_\_\_\_\_

## Immunization History

Please record the date (month & year) of the basic immunizations and the most recent booster.  
If you have any questions, please consult with your doctor.

DPT Booster \_\_\_\_\_ Tetanus Booster \_\_\_\_\_ Polio OPV (sabin) \_\_\_\_\_  
MMR \_\_\_\_\_ Pertussis \_\_\_\_\_ HBV \_\_\_\_\_  
HIB \_\_\_\_\_ Varicella \_\_\_\_\_ Tuberculin Test \_\_\_\_\_ Result \_\_\_\_\_  
Date of last medical examination \_\_\_\_\_

## Health History

Has your child had any of the following? If so, at what age?

### Allergies

Hay Fever \_\_\_\_\_  
Ivy Poisoning \_\_\_\_\_  
Insect Stings \_\_\_\_\_  
Penicillin \_\_\_\_\_  
Sun Screen \_\_\_\_\_  
Bug Spray \_\_\_\_\_

### Conditions

Ear Infections \_\_\_\_\_  
Heart Defect/Disease \_\_\_\_\_  
Convulsions \_\_\_\_\_  
Bleeding Disorders \_\_\_\_\_  
Asthma/Reactive Airway \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Does your child carry an asthma inhaler? \_\_\_\_\_ Does your child carry an Epipen? \_\_\_\_\_

Has your child had any operations or serious injuries? \_\_\_\_\_ At what age? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_ Under what circumstances? \_\_\_\_\_

Does your child have any chronic or recurring illness including seizures: \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Does your child have emotional or behavioral problems? \_\_\_\_\_

Please list any additional health history information we should be aware of: \_\_\_\_\_

Does your child have any limitations to physical activity? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

## **IMPORTANT**

**PLEASE NOTIFY THE CAMP IF THIS CHILD HAS BEEN EXPOSED TO ANY COMMUNICABLE DISEASE.**

This health history is correct as far as I know, and the person herein described is in \_\_\_\_\_ condition and has permission to engage in all in all usual activities except as noted above by me.

**Parent or Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permission for emergency treatment:** In order to meet all legal requirements, I hereby authorize representatives of the Five Points Branch to give consent for any and all necessary emergency medical care for my child while he/she attends The Five Points Branch camp program.

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

## PARENT AGREEMENT

- I have received The Five Points Branch Parent Handbook, and I will review the camp safety and behavioral guidelines with my child. I understand my communication will support my child in having a safe, happy, and memorable camp experience.
- I understand the importance of completing all registration materials prior to enrolling my child in camp. The registration materials support the YMCA in meeting licensing standards and are therefore a requirement.
- I understand that full payment is needed prior to my child's participation in camp.
- To ensure the safety of all campers, I understand that a child may be suspended or terminated from the program, at the discretion of the Camp Director, for behaviors that violate YMCA rules and procedures. I also understand that there are no refunds for suspensions or terminations.
- I understand that The Five Points Branch is not responsible for lost or damage belongings, and that a lost and found is provided throughout the camp season.

## PARENTAL AUTHORIZATION AND CONSENT

I hereby enroll my child, \_\_\_\_\_, in The Five Points Branch Summer Camp, and I:

- Give permission for my child to participate in walking trips within the YMCA neighborhood. I understand these walks do not involve entrance into any facility and the route of any walk involves no safety hazards.
- Give consent for my child to take part in all field trips or excursions under proper supervision. I also give my consent for my child to be transported to and from field trips/ excursions.
- Give consent for my child's picture to be taken by childcare staff or area media personnel to be used for promotional purposes as deemed appropriate.
- Give permission for my child to participate in all Healthy U activities and I give The Five Points Branch permission to fitness test my child in cooperation with the Healthy U-CATCH initiative.

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

### *Inquiring YMCA staff are eager to know...*

How did you hear about us?

- Previous Camper       Direct Mail/Brochure  
 Website                 Friend  
 School                   YMCA Employee

Other \_\_\_\_\_

Please list any siblings that will be attending either summer camp or our child care program.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



**The Gateway Family YMCA  
Five Points Branch**  
201 Tucker Avenue  
Union, NJ 07083  
[www.tgfymca.org](http://www.tgfymca.org)  
908-688-9622

Non-Profit  
organization  
US Postage  
**PAID**  
Permit 85  
Union, NJ



## **Financial Assistance**

The Y is a non-profit organization committed to strengthening the foundations of community. We believe all children should have the opportunity to learn, grow and thrive.

In addition, the Y partners with and accept 4 C's & Programs for Parents.

For more information, contact Camp Director at (908) 688-9622