2010 YMCA Camp Woodstock Standard Health Examination Form

Please complete and bring with you on arrival date. *Do not mail in advance.*

State law requires a current signed health form for each camper in order to be permitted to remain in camp.

Camper Information	First Parent	Second Parent	Alternate Contact
Name _____ Age _____ Date of birth _____ Address _____ Town _____ State _____ Zip _____ Allergies _____ Special dietary needs _____ Who does camper live with? _____	Name_____ Day phone_____ Eve phone_____ Cell _____ Relationship to camper _____	Name_____ Day phone_____ Eve phone_____ Cell _____ Relationship to camper _____	Name_____ Day phone_____ Eve phone_____ Cell _____ Relationship to camper _____ Does this child have health insurance? Please provide copy of card if available

Parents please note: a written doctor's order is required for every medication including herbal remedies, vitamins, medicated drops, creams, lotions or ointments. Per state law, all medications must come in their original container labeled with the camper's name or they cannot and will not be given. Only rescue inhalers and Epi-Pens can be kept in the cabins. All others must be turned in to the camp nurse during check-in. No exceptions. Meds left at the end of camp will be destroyed one week after your child leaves camp. If your child serves on staff, he or she is responsible for independently administering their own medications. Your signature below gives permission to do so.

Physical exam**: MUST BE COMPLETED AND SIGNED BY PHYSICIAN, PA or APRN**

History and Physical	Immunizations	Medications
Date of exam _____ Height _____ Weight _____ Does this child have any medical problems that will limit participation in camp activities _____ Please explain _____ _____ Are there any specific health problems _____ **Circle if abnormal** HEENT Resp/Cardiac Abd/GI/GU Emotional/Behavioral Mental health Musculoskeletal Growth and development Please explain any abnormal findings _____ _____ _____	This person is up to date on the following routine childhood immunizations Measles _____ Mumps _____ Rubella _____ Hep. B _____ Diptheria _____ Pertussis _____ Tetanus _____ Polio _____ Chickenpox Vaccine _____ Disease _____ State any reason this child has not been vaccinated in accordance with state recommendations _____ _____	The medications listed here are kept stock in the infirmary. This person may receive: ____ ANY ____ NONE ____ only those checked, in the dose appropriate for their age and weight. May self-administer their own medications yes_____ no _____ with parental consent. Tylenol O Chloraseptic O Pepto Bismol O Ibuprofen O Anbesol O Sudafed O Tums O Visine O Calamine O Immodium O Robitussin DM O Benadryl O _____ Medication Specific order for administration _____ _____ _____ _____ _____ _____ Examiner's signature _____ Printed name _____ Telephone _____

Important parent's authorization. Signature required for camp attendance.

This health history is correct as far as I know, and the person listed above has permission to engage in all camp activities including out of camp trips except as noted by me or the examining physician. I grant permission for the camp nurse to administer any of the above medications or medications prescribed by the camp physician to treat illness or injury during my child's stay. I grant permission to the medical personnel selected by the camp director to order x-rays, tests and medical treatment and necessary transportation for my child. In the event that I can not be reached during an emergency, I give permission to the health care provider selected by the camp to secure and administer treatment, medical or dental, including hospitalization for my child named above. I understand that it may be necessary to transmit my child's health information electronically, and agree to allow sharing of necessary health information. If I claim religious exemption a clergy letter is attached.

Date _____ Signature of parent or legal guardian _____