



## YMCA CAMP WOODSTOCK HEALTH HISTORY FORM CHECK LIST:

### **MAKE SURE:**

- All pages are filled out and SIGNED by the appropriate individual.
- Ensure Medication Administration form is completed and SIGNED by a physician if your child takes any medication

### **INCLUDE:**

- Recent copy of Physical Examination Form (*within 12 months of your child's last day of Camp*)
- Copy of BOTH SIDES of Insurance Card  
Does your insurance request pre-authorization for treatment?  
Yes   No
- Camp Woodstock Medical form  
All medications (including vitamins, supplements, medicated creams, etc.) taken by camper require a doctor's order and signature on the following page. Medications cannot be dispensed without a doctor's order. Medication must be in the original container.

**\*ALL HEALTH FORMS MUST BE RETURNED TO CAMP BY  
MAY 1<sup>st</sup> to [cwnurse@ghymca.org](mailto:cwnurse@ghymca.org).**

*If your child registers after May 1st, please send the health forms promptly. Make sure to keep copies of all forms.*

If you have any questions, please contact Camp Woodstock at  
(800)782-2344.

# Medication Administration Form

Camper Name \_\_\_\_\_

Session \_\_\_\_\_

## Prescription Medications

Please complete with patient's current regimen for ALL scheduled, PRN and OTC medications.

Medication	Dosage	Quantity Per Dose	Schedule	Comments

## For License Physician

Signature \_\_\_\_\_

Date \_\_\_\_\_

License # \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Please return form to  
Camp Woodstock – Nurse  
42 Camp Road  
Woodstock Valley CT 06282  
Fax: 860-974-0754  
Email: cwnurse@ghymca.org