



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 1st to cwnurse@ghymca.org.**

If your child registers after May 1st, please bring the health forms on check-in day. 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 or APRN

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

Parent Signature _____

Date _____

Camp Nurse's Name & Initials _____

Date _____