

Medical Information

Physician's Name _____	Phone _____
Dentist's Name _____	Phone _____
Name of Insurance Company _____	Insurance Number _____

Is your child presently on any medication? Camper #1 Yes _____ No _____ Camper #2 Yes _____ No _____

If yes, please complete the following information.

Child's Name	Name of Medication	Dosage of Medication	When taken	for how long
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Will this medication be administered during the time that your child is involved in this program?

Camper #1 Yes _____ No _____ Camper #2 Yes _____ No _____

If the answer is 'Yes', you must pay strict attention to the following instructions.

1. Put the medication in a clear plastic sealable bag.
2. In the clear plastic bag, with the medication, place a piece of paper with very clear instructions on how and when to administer the medication, also include your name and a day time phone number (there is a medication form you can use).
3. Clearly print the child's name, age, and gender as well as the name of the child's counselor (if known) on a piece of masking tape and stick it on the plastic bag.
4. You, the parent/guardian need to hand the plastic bag with the medication to the Drop off Counselor upon checking in.

Parent/ Guardian Signature _____

Does your child have any allergies that may affect his/her ability to fully participate in this program?

Camper #1 Yes _____ No _____ Camper #2 Yes _____ No _____

If the answer is 'Yes' please help the YMCA staff by answering the following questions.

Child's Name	what is your child allergic to?	Symptoms of the allergy	Recommended action in the event of a reaction
_____	_____	_____	_____
_____	_____	_____	_____

Medical Release Statement:

This health/registration form is correct as far as I know and my child has my permission to participate in all described and advertised camp activities. In the event that I cannot be reached in an emergency, I hereby grant permission to the physician/facility selected by the Program Director to secure proper treatment for, and including, but not limited to, injections, anesthesia or surgery for my child. I agree to pay the medical fees and do understand the accident insurance is not provided by the YMCA.

Parent's/Guardian Signature _____ Date _____

I have reviewed this form front and back and I attest that all of the information has been filled out, that it has been initialed two times, and signed three times, and is totally complete.

Signature _____ Date _____

School Attending: Clanton Elem. ___ Clanton Int. ___ Clanton Middle ___ Jem. El ___ Jem. Mid ___ Victory ___

