

Tri-Town YMCA Health Form

Child's Name: _____ Birth Date: _____

Mother/Guardian: _____ Phone: _____

Father/Guardian: _____ Phone: _____

Home Address: _____ School: _____

Business/Cell Phone: Mother: _____ Father: _____

E-Mail: _____

If not available in emergency notify (please name two)

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

HEALTH HISTORY- check giving approximate dates

Insect Stings: _____ Asthma: _____

Hay Fever: _____

Poison Ivy etc. _____ Diabetes: _____

Allergies: _____

Other concerns or conditions to bring to our attention. Explain reactions to their allergies.

Severity from 1-5: _____ (1 mild - 5 extreme -life threatening)

Does child have an Epi-Pen and do they know how to use it in an emergency? Yes__ No__

Indicate if child needs to take daily medication: Explain and describe in detail:

Child's Physician: _____ Phone: _____

Address: _____

Child Pick-Up Authorization:

Persons authorized to pick-up my child. Photo ID required.

Mother: Yes _____ No _____ **Father:** Yes _____ No _____ **Other:** _____
Other - Please indicate

below

Name: _____ Phone: _____

Address: _____

Continued: Please fill out the other side of this form. -----