

Tri-Town YMCA Day Camp Medical Form

Sessions in Attendance (please circle): 1 2 3 4 5 6 7 8 9 10

Camper Name: _____ Birth Date: _____

Parent or Guardian: _____ Home Phone: _____

Home Address: _____

Business Phone Mother: _____ Father: _____

Other Parent Phone (cell or pager): _____

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: _____ Convulsions: _____

Ivy Poisoning etc.: _____ Diabetes: _____

Any Allergies?: _____

Indicate if child is taking medication and instructions:

Other concerns or conditions to bring to our attention:

Child's Physician: _____ Phone: _____

Address: _____

CHILD PICK UP AUTHORIZATION

Person authorized to pick up my child:

Mother: ___ YES ___ NO Father: ___ YES ___ NO

Other- Please Indicate Below

Name: _____ Phone: _____

Address: _____

