

**YMCA CAMP PENDALOUAN OUTDOOR EDUCATION CENTER
STUDENT/CAMPER HEALTH FORM**

Student's Name: _____ Birthdate: _____ Age: _____

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contacts - if the parent/guardian cannot be reached:

Name _____ Day Phone _____ Night Phone _____

Family Physician: _____ Phone: _____

Medical Insurance Company: _____ Policy #: _____

MEDICAL CONDITION	YES	NO	EXPLAIN
ADD/ADHD			
Allergies			
Diabetes			
Heart Trouble			
Seizure Disorder			
Vision/Hearing			
Dietary Restrictions			
Medicine Allergies			
Other			

In the event of illness, my child can be given over-the-counter medications (i.e. Tylenol, Advil, Cough Drops, Tums, etc.): yes no

Does your child have any other conditions we should be aware of (i.e. bedwetting, sleeping, etc.): _____

I authorize the camp (in accordance with state regulations), in an emergency regarding the health care of my child to take such necessary measures as the camp authorities and licensed physician selected by the camp deem appropriate. I further consent to any routine or other non-medical care that my child may be required to undergo either due to circumstances previous to or during the camp session.

I will hold YMCA Camp Pendalouan and the Muskegon Family YMCA and their employees harmless from any liability for incidents that may arise while at camp, realizing that there may be risks in camp activities.

I hereby grant full permission to YMCA Camp Pendalouan to use any photo, video, or other digital media of my camper and/or family.

Parent/Guardian Signature: _____ Date: _____