



# YOUTH HEALTH HISTORY FORM

## YMCA Day Camp

The child's custodial parent or guardian must complete the following information. The intent of this information is to provide the child's health background to the YMCA of Middle Tennessee's staff so they may respond appropriately in a medical situation. Please provide complete information so that the program can be aware of any child's special needs. Any changes to this form should be provided to the YMCA of Middle Tennessee staff upon participant's arrival at the program site. The information on this form is not a part of the acceptance process, but is gather to assist us in identifying appropriate care. Keep a copy of this completed form for your records.

Child's name: \_\_\_\_\_ Program: \_\_\_\_\_

### INSURANCE INFORMATION (The YMCA of Middle Tennessee does not carry accident of sickness insurance for participants.)

Is the participant covered by the family medical/hospital insurance? ☐ Yes ☐ No

If yes, please complete the following:

Name of insurance provider: \_\_\_\_\_

Name of policy holder: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

Policy holder insurance ID #: \_\_\_\_\_ Group # \_\_\_\_\_

Insurance address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does your child have any medical conditions that should be considered? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

### ROUTINE MEDICATIONS

Please list ALL medications, including non-prescription, taken routinely. The YMCA of Middle Tennessee prefers that all medications be administered at home before and after the program. However, if medications are required during the program, please send enough medication to least the entire session; Keep it in the original packaging that identifies the prescribing physical (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. A YMCA of Middle Tennessee Permission to Administer Medication form must be completed and submitted to the YMCA of Middle Tennessee staff in order for medication to be administered during the program.

Does the participant take medications on a routine basis? ☐ Yes ☐ No

If yes, please list all medications (for more space, attach additional page): \_\_\_\_\_

### ALLERGY INFORMATION

Please list all medical, food or other allergies below (for more space, attach additional page): \_\_\_\_\_

### PARENT/GUARDIAN AUTHORIZATION — IMPORTANT! THIS MUST BE COMPLETED FOR ATTENDANCE.

In case of an accident or illness, the YMCA of Middle Tennessee is authorized to secure emergency medical treatment for my child. Prudent attempts will be made to contact the camper's parent/guardian immediately. I understand the related expenses for this medical attention will be my responsibility. The health history is correct and complete as far as I know, and the person herein described has my permission to engage in all program activates, except as noted.

#### Permission to provide necessary treatment or emergency care

I hereby give permission to the medical personnel selected by the YMCA of Middle Tennessee to order X-Rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA of Middle Tennessee to secure and administer treatment, including hospitalization, of the person named on this form. This completed form may be photocopied.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

If for religious reasons you cannot sign this, contact the YMCA for a legal waiver, which must be signed for attendance.

Witness: \_\_\_\_\_ Date: \_\_\_\_\_