



YOUTH HEALTH HISTORY FORM

YMCA Day Camp

The child's custodial parent or guardian must complete the following information. The intent of this form is to provide the child's health background to YMCA staff so they may respond appropriately in a medical situation. Please provide complete information so that the program can be aware of your child's special needs. Any changes to this form should be provided to the YMCA upon participant's arrival at the program site.

Child's name: _____ Program: _____

INSURANCE INFORMATION

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 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 last the entire session; Keep it in the original packaging that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration. A 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.

Permission to provide necessary treatment or emergency care

In case of an accident or illness, I authorize the YMCA to secure emergency medical treatment for my child. I understand that the YMCA will attempt to contact me as promptly as possible during such an emergency. I hereby give my permission to the medical personnel selected by the YMCA to order X-rays, routine tests and treatment, and 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 to secure and administer treatment, including hospitalization of my child. I understand the related expenses for this medical attention will be my responsibility.

I acknowledge and accept the risks associated with viruses and bacteria in general, and COVID-19 in particular, acknowledge the YMCA's enhanced precautions with its programming and cleaning protocols, and waive any and all claims related to or based on harm caused by any such viruses or bacteria.

This healthy history is correct and complete as far as I know, and my child has my permission to engage in all program activities, except as noted.

Parent/guardian signature: _____ Date: _____