



Greater Lowell Family YMCA
YMCA Camp Massapoag
HEALTH HISTORY FORM
 To be completed and signed by Parent/Guardian



Camper: _____ Birthdate _____ Male / Female
Last Name First Name Middle Initial

Address: _____
Street City/Town Zip Code

Please make sure the following people have transportation to come and pick up a sick child if necessary

Parent/Guardian 1 Name:	Home Phone	Business Phone	Other Phone/Pager, etc.
Parent/Guardian 2 Name:	Home Phone	Business Phone	Other Phone/Pager, etc.
Emergency Contact Name and Relationship (if parent cannot be reached:	Home Phone	Business Phone	Other Phone/Pager, etc.

Health Concerns/Allergies (Check if yes):

Asthma____ Seasonal Allergies____ Insect Bites & Stings____ Food Allergies____ Drug Allergies____ Other_____

Allergy Explanation:_____

Medications for above: (Including **Epi-Pen** or **Inhaler**)_____

Epi-Pens and Inhalers at camp require completion of additional permission form

Will your child be taking any other medications while at camp? ____yes** ____no

If yes, what medications:_____

**All medications must go directly to the Health Supervisor with a completed "Medication Information Sheet"

Other Medical Concerns not noted above such as diabetes, epilepsy, chronic headaches, etc.:_____

Any specific activities to be encouraged or limited:_____

Any dietary modifications/restrictions:_____

Doctor's Name:_____ Phone:_____

Date of Last Physical Exam:_____ Hospital:_____

Dentist's Name:_____ Phone:_____

Insurance Carrier:_____ Policy or Group #:_____

Emergency Authorization: I understand every effort will be made to contact parents or guardians of campers in case of a health problem or emergency. If I cannot be reached, I authorize camp authorities and medical personnel selected by the Camp Director to administer first aid and, where necessary, to transport my child. I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, injections, anesthesia and/or surgery for my child. Camp authorities will notify parent/guardian as soon as possible. This form may be photocopied for use out of camp.

Accuracy of Information: This Health History is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Immunization History: State Board of Health guidelines require a Certificate of Immunization History from the camper's doctor be on file at camp. The Physician's Form (on the reverse side) must be completed by your physician or a copy of the doctor's form may be used. Without a complete Health and Immunization History, your child will not be permitted to remain in camp.

Signature of Parent or Guardian _____ **Date** _____