



# YMCA SUMMER CAMP Health Form

## Information and Authorization

YMCA Program (circle)				
RB FR EXP VOY SS ADV EXT YQ UK HOR NCU TEN				
Name of Child	Nickname	Gender	Birthday	Age
		B G		
Child's Home Address			Phone Number	
Parent/Guardian Name	Home Address		Phone Number	
Employer	Work hours	Work Phone	Cell Phone	
Parent/Guardian Name	Home Address		Phone Number	
Employer	Work Hours	Work Phone	Cell Phone	
Child's Doctor	Address		Phone Number	
Child's Dentist	Address		Phone Number	

**Besides those listed above, the following people are authorized to pick up my child**

Please contact this person  
in case of an emergency

Name	Relationship	Phone	Yes	No

<b>My child has allergies</b>	<b>Yes</b>		<b>No</b>	
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List:	
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<b>My child needs a car seat/booster</b>	<b>Yes</b>		<b>No</b>	
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	weight		age	
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<b>Child has a physical, developmental condition, chronic illness or other problem?</b>
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Explain:
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<b>Up to Date Immunizations</b>	<b>Yes</b>		<b>No</b>	
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	Date of last Tetanus		Date of Last DTP	
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<b>Current Medication</b>
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List:
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<b>Has your child had</b>
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Measles		Whooping Cough		Scarlet Fever	
Mumps		Chicken Pox			

<b>Meal Considerations:</b>
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Vegetarian		Vegan		Diabetic	
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<b>General Information</b>
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*Please give any information concerning your child which will be helpful for staff:*

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<b>Emergency Medical Treatment Authorization &amp; Registration Agreement</b>
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◆ As a parent or legal guardian of the following child: \_\_\_\_\_, I hereby authorize the Eugene Family YMCA, 2055 Patterson, Eugene OR, 97405, 686-9622, to seek dental, medical or surgical treatment for the above named child, when qualified staff deem necessary, if a parent or legal guardian cannot reasonably be located when the child is brought for treatment. In an emergency, the Eugene Family YMCA has my permission to call an ambulance or take my child to any available physician or hospital at my expense.

◆ I have read the parent handbook and I understand and will adhere to all YMCA policies. As a participant in programs at the Eugene Family YMCA I understand the following: my child will be taken on field trips or excursions by van, bus or private motor vehicle under proper supervision, my child may participate in swimming activities at the YMCA, my child may have sunscreen applied, and my child may be photographed and the photos may be used for publicity or news purposes for the YMCA.

<b>Signature</b>		<b>Date</b>	
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<b>EUGENE FAMILY YMCA</b>
<b>It's Where Your Family Belongs!</b>
2055 Patterson Eugene OR 97405 541-686-9622 www.eugeneymca.org