

2009 Camp Connor Health Form

Camper's Name _____ D.O.B. _____ Age _____

Street Address _____ City _____ State _____

Zip _____ Home Phone _____

Name of Parent or Legal Guardian _____

Address (if different from campers) _____

Phone Home _____ Business _____

Cell _____ Pager _____

Preferred Hospital: CMMC St. Mary's Other _____

Name of Family Physician _____

Address _____ Phone _____

Do you have medical insurance covering your child? _____

If yes, please list the Name of policy & ID # : _____

Health and Medical History

1. Any current health conditions requiring medication, treatment, or special restrictions while at camp?

2. Any chronic or long term illness? _____ If yes, please specify:

3 Any operations or serious injuries? _____ If yes, please specify:

4 Name any known **allergies:** Food _____ Drugs _____

Plants _____ Animals _____ Other _____

Explain reaction and medication used: _____

5 Does your child have any of the following?

Fainting spells _____ Convulsions _____ Stomach upsets _____

Emotional problems _____ Other _____

Details:

- **Note:** If your child will be taking any medication while attending camp, you must fill out a **medication permission form.**

complete & sign form on reverse

PLEASE BE SURE THAT YOU PROVIDE:

- ☆ A record of past medical treatment
- ☆ A record of immunizations,
including date of last tetanus shot.



I give permission to the Camp Connor staff to administer any standard CPR/First Aid as needed.

In case of a medical or surgical emergency, after every reasonable effort has been made to contact the parent or legal guardian, I hereby give my permission to the physician selected by the camp director to provide whatever emergency medical or surgical treatment is necessary. I authorize the camp staff to transport or obtain emergency transport.

Parent/Guardian Signature _____

Date ____ / ____ / **2009**

*The YMCA has liability insurance covering the Camp Program
but not individual camper health insurance*

If parent cannot be reached, notify:

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

Important: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance.