

Health History Statement of: _____ Date _____

All information contained in this section will be kept confidential and only shared with essential staff members

Emergency Contact Information

Please give the name and number of someone other than parent or guardian who can be reached in an emergency in the event that no one can be reached at the above numbers.

Name _____ Relationship _____

Home Phone Number (_____) _____ Add'l Phone Number (_____) _____

Medications currently using (Prescription and Over-the-Counter):

All medications, including over-the counter, need to be left with the camp nurse in their original container.

TYPE (NAME)	FREQUENCY	DOSAGE	CURRENTLY USING?

Are your immunizations currently up to date?

Please list any allergies (food, medication, etc.)

Please list any physical or behavioral considerations:

Please list any current infectious diseases:

RELEASE: I hereby give permission to medical personnel selected by the camp staff to order X-rays, routine tests, and treatment for my child, _____. In the event of an emergency and I cannot be reached, I hereby give permission to the physician selected by MCYC to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to the camper listed above. I further authorize the release of the medical information contained on the Health History Record to appropriate medical personnel and/or the health coverage insurance company. In addition, I hereby release MCYC, its employees or agents from liability associated with participation in camp activities. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in participating in recreation activities and other programs related to participation in youth functions.

Signature of Staff Member (or parent if staff member is under the age of 18)