

Kimball Camp Health Information

Camper Name: _____ Date of Camp: _____

Age: _____ Weight: _____ (for dispensing of medications) T-Shirt Size _____
Required for Free T-shirt

Please list all general, mental, emotional, and social health history below:

Allergies: ___ No Known Allergies ___ This camper is allergic to: ___ Food ___ Medicine
___ Bee Stings or other outdoor allergies ___ Other

(Please describe below what the camper is allergic to and the reaction seen.)

Physical Limitations: (Please describe)

Mental, Emotional, or Social Behaviors: (Please list any issues we need to be aware of that will affect your child's behavior.)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance ___ Yes ___ No

Are all immunizations up to date? ___ Y ___ N Insurance Company _____

In the event of a complaint of minor aches and pains, (headache, muscle ache, etc.) which over the counter medication would you prefer to be administered to your child: ___ Acetaminophen ___ Ibuprofen ___ Other
List: _____

Please list Medications needed or used (including psychiatric):

Purpose	Type	Dosage	Frequency

If we take photos of your child/children during their activities may we use them for publicity purposes? Circle Yes or No

Camper Release, Photo Release, & Medical Authorization

To comply with the State of Michigan, Kimball Camp YMCA must have the names of those adults you authorize to pick up your child. We will ask for photo identification at the time of pick up. Please complete the following information and sign below. Your signature also authorizes Kimball Camp YMCA to seek medical treatment for your child in the event that you or anyone listed below cannot be reached in the case of a medical emergency. Please list all adults authorized to pick up your child or provide a medical release **including yourself.**

I give permission for _____ to be released to: (including yourself)

at the end of camp or should an emergency arise where my child has to leave camp.

Signature of Custodial Parent/Guardian _____ Date: _____

Relationship to Camper _____ Phone _____