



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

2012 HEALTH HISTORY FORM AND RELEASE OF INFORMATION

Child's Information

First Name: _____

Last Name: _____

Male/Female Date of Birth: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Your child's health information is important to provide the best care at camp. If there is a new or existing health condition which affects a child's ability to participate in camp activities, it is the responsibility of the parent/guardian to notify the YMCA. If a child has prescribed medication, it is the responsibility of the parent/guardian to notify the YMCA and provide the medication, if needed during camp hours.

Release of Information: The disclosure of health information within the YMCA is limited for the use to serve the student's health and education interests only and to make sure every student is safe while participating in a YMCA camp. I am providing this information on a voluntary basis.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Health History (Y=Yes/Current N=No History R=Resolved)

Autism/Aspergers	Y	N	R	Hepatitis	Y	N	R
ADD/ADHD	Y	N	R	Lactose Intolerance	Y	N	R
Arthritis	Y	N	R	Medication (Specify)	Y	N	R
Asthma (Inhaler Y or N)	Y	N	R	Nosebleed (Frequent of Severe)	Y	N	R
Bone/Joint Problem	Y	N	R	Psychological	Y	N	R
Cancer	Y	N	R	Reflux/Ulcers	Y	N	R
Color Blindness	Y	N	R	Seasonal Allergies	Y	N	R
Chronic Dental Issue/Injury	Y	N	R	Seizure/Epilepsy	Y	N	R
Chronic Earache/Infections	Y	N	R	Chronic/Severe Skin Problem	Y	N	R
Diabetes	Y	N	R	Thyroid	Y	N	R
Eating Disorder	Y	N	R	Traumatic Brain/Head Injury	Y	N	R
Emotional/Behavioral	Y	N	R	Tuberculosis/+TB Test	Y	N	R
Fetal Alcohol/Drub (FASD)	Y	N	R	Vision Conerns/Issue	Y	N	R
Chronic Headache/Migraine	Y	N	R	Weight Concerns	Y	N	R
Hearing Loss/Issue	Y	N	R	Food Allergies	Y	N	R

YMCA OF ELKHART COUNTY

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