YMCA of Greater Boston
2021 Health History, Emergency Contact, and Release Form

Last Name:																				Middle Initial:	

First Name:															Birth Date (MMDDYY):						

Street City/Town State Zip

Male_____ Female_____ Not Specified_____ Identifying Marks: _____ Grade entering in fall 2021: _____

Parent or Guardian Information

Parent or Guardian_____ Parent or Guardian_____

Address_____ Address_____
(Only if different from address above) (Only if different from address above)

Phone_____Work_____ Phone_____Work_____

Cell Phone_____ Cell Phone_____

Email_____ Email_____

Please list at least one emergency contact that, if necessary, could provide transportation home.

Emergency Contact_____ Emergency Contact_____

Cell Phone _____Work _____ Cell Phone _____Work

Allergies

Insect Bite/Bee Sting	Yes (circle one) No	Reaction_____	Severity: Mild – Moderate – Severe (circle one)
Sunscreen	Yes (circle one) No	Reaction_____	Severity: Mild – Moderate – Severe (circle one)
Food	Yes (circle one) No	Reaction _____	Severity: Mild – Moderate – Severe (circle one)
Seasonal	Yes (circle one) No	Reaction _____	Severity: Mild – Moderate – Severe (circle one)
Medications	Yes (circle one) No	Reaction _____	Severity: Mild – Moderate – Severe (circle one)
Other	Yes (circle one) No	Reaction _____	Severity: Mild – Moderate – Severe (circle one)

Please explain/specify any of the above that were answered "Yes" (i.e. type of food allergy, medication associated, etc.)_____

_____

If medications will be administered at camp for above allergies a "Medication Information Form" must be completed

Physician Information

Name of family physician: _____ Phone: _____

Insurance Information

Insurance Carrier:_____ Policy Holder Name:_____ Policy/ Group #:_____

Immunization History: Massachusetts requires a **Certificate of Immunization** for all campers and staff. You may use the form provided or a copy from your doctor's office. ☐ **Check if attached**

Physical Form: Massachusetts requires a report of a **Physical examination** within the past **18 months**. ☐ **Check if attached**

This is a two-sided document. Please fully complete both sides.

Camper or Staff Name:_____ Birth Date: _____

Relevant Past Medical History, General Information, and Restrictions

Does your child (or staff member) have Asthma? **Yes (circle one) No**

*Will your child (or staff member) be bringing an inhaler to camp? **Yes (circle one) No**

Are there any physical, mental, or psychological conditions requiring medication, treatment, or restrictions while at camp?

_____

_____

*Does your child or (staff member) take any prescription or over-the-counter medication at home? **Yes (circle one) No**

Please list any past medical treatment or recent injuries:_____

_____

Describe any specific activities from which your child (or staff member) should be exempted:_____

_____

Any dietary modifications or restrictions? **Yes (circle one) No** Please explain:

_____

Does your child have an IEP or 504 plan? **Yes (circle one) No** Does your child qualify for free or reduced lunch? **Yes (circle one) No**

Please circle the ethnic group the child most identifies with **(circle one):** Caucasian/White African American/Black Hispanic/Latino Native Hawaiian or other Pacific Islander American Indian or Alaska Native Other _____

Does your child attend a YMCA Afterschool or Early Education program? **Yes (circle one) No** If yes, where? _____

Are there any accommodations or services that we can provide to make the summer as successful as possible? _____

_____

_____

Does your child participate in ELL services? **Yes (circle one) No** Primary language spoken at home:_____

Authorizations:

Accuracy of Information: This health history is correct so far as I know and the person herein described has permission to engage in all camp activities except as noted.

Authorization for Treatment: In case of an emergency, I authorize the YMCA to administer first aid and to transport my child or (staff member) to the nearest hospital emergency room and to order X-rays; routine tests and treatment; and to release any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director, or his/her designee, to secure and administer treatment, including hospitalization, for the person named above. This form can be photocopied for camp trips.

Authorization for Medications/Topical Ointments: I authorize the YMCA Health Staff and its designees to administer the following medications (on an "as needed" basis unless contraindicated): Acetaminophen (Tylenol), Ibuprofin (Motrin/Advil), Antacid (Tums), Diphenhydramine HCl (Benadryl), sunscreen and Anti-Itch Creams.

Acknowledgment of Risk and Waiver: I understand and acknowledge my camper (or staff member) may participate in a variety of activities including; swimming, boating, outdoor games, sports, rope course, off-site activities, field trips, and other rigorous physical activities. I hereby release and discharge, and agree to indemnify and hold harmless the YMCA of Greater Boston and Hale Reservation Inc., and their officers, directors, members, agents, employees, volunteers, and any other persons or entities on their behalf, against all claims, demands, and causes of actions whatsoever, either in law or equity, relating to or arising from any participation, medical treatment, recommendation, transportation or administration, or any lack thereof.

Signature _____ **Date** _____

Photo Release: I authorize the YMCA of Greater Boston and American Camp Association to have my child's (or staff members) photo to appear in camp brochures, videos, on websites or other promotional literature.

Signature _____ **Date** _____

***Signature of Parent/Guardian of Camper, Staff Member, or Parent/Guardian of Staff Member under 18 years of Age**

This is a two-sided document. Please fully complete both sides.