

YMCA CAMP FITCH
OUTDOOR EDUCATION
CAMPER PERMISSION AND HEALTH FORM

Camper's Name: _____ Age: _____ Sex: _____

School: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian 1: _____ Phone: (H) () _____ Phone: (W)() _____

Parent/Guardian 2: _____ Phone: (H) () _____ Phone: (W)() _____

Please list car phone, cellular and/or pager numbers(with area code): _____

Emergency Contact other than Parent/Guardian: _____

Relationship to Child: _____ Phone: (H)() _____ (W)() _____

FAMILY DOCTOR: _____ Phone: () _____

(During the winter months snow sport activities are NOT covered under Camp Fitch supplemental accidental insurance.)

This child has my permission to attend Camp Fitch. I hereby grant permission to a licensed physician or emergency medical center to administer emergency medical treatment is needed.

PARENT OR GUARDIAN SIGNATURE: _____

MEDICAL HISTORY

Any allergies? Please include information on reactions to penicillin or other drugs, extreme sensitivity to poison ivy, bee stings, etc.

OVER THE COUNTER MEDICATIONS?

All over the counter medications available in our medical clinic are listed below. Please check (x) yes or no to indicate whether or not you permit our Camp Directors to dispense these medications to your child as needed.

YES	NO		YES	NO	
___	___	Benadryl	___	___	Tums
___	___	Ibuprofen	___	___	Sudafed
___	___	Pepto-Bismol	___	___	Tylenol
___	___	Robitussin			

Any medications to be taken at Camp? These should be given to your teacher or school personnel. _____

Any restriction on activity? _____

Any eating restrictions? _____

Date of last tetanus shot? _____ Other comments _____
