



**2016 KIDS OUT ENRICHMENT PROGRAM
HEALTH HISTORY FORM
SANFORD-SPRINGVALE YMCA**

Child's Last Name: _____ First Name: _____

MEDICAL HISTORY

Does your child have any chronic or recurring illness? Please explain.

Does your child have any reactions to insect bites/stings? (if any, how severe is the reaction?)

Does your child have any allergies? Please explain.

Are there any activities your child should be exempt from because of health reasons?

Record of past medical treatment if any:

Does your child have Epilepsy: Yes No
If yes, date of last seizure & severity _____

Does your child have Diabetes: Yes No
If yes, does your child take medications or insulin? _____

Does your child have Asthma: Yes No
If yes, does your child carry an inhaler?*** Yes No
Does your child carry an epi-pen? *** Yes No

*****NOTE:** If you answered yes to any of these questions, please provide a signed note from parent(s) AND the child's physician authorizing your child to self-administer medications if needed.

Will your child be taking medications while in our program? Yes No

NOTE: If yes, an Authorization to Dispense Medication form is required

Hospital Preference: _____

Please see the next page...

SPECIAL NEEDS

Does your child have any known behavior or health concerns? If yes, please ask for and complete one of our concern forms and return it to us before the program begins. We provide reasonable accommodations to qualified individuals with disabilities. All our participants must be able to participate safely in our programs. We do not provide one-on-one supervision and retain the discretion not to enroll or to remove a participant from our program if that participant is not able to participate safely in the program.

HEALTH HISTORY FORM WAIVER

This health history form is correct to the best of my knowledge, and my child herein described has permission to engage in all prescribed camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization for my child named above.

I understand the Y does not provide one-on-one supervision.

I understand the Y retains discretion to remove a child if they are unable to safely participate.

Parent/Guardian Signature: _____ Date: _____