



Emergency Information For YMCA Summer Fun DayCamp

Child's Name Last First Sex Birthday

Home Address Number Street City Zip

Parent/Guardian Name Business Telephone Cell Phone

Parent/Guardian Name Business Telephone Cell Phone

Additional Person Who may be called in Emergency and may take child from the facility

Name	Daytime Telephone	Relationship

Health History

- | | | |
|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Ten Day Measles | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Three Day Measles | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> Mumps | <input type="checkbox"/> Other |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Tetanus Booster | |

Other serious/severe illnesses or accidents: _____

Physician: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Medical Plan: _____ Member #: _____

Dentist: _____ Phone: _____

Dental Plan: _____ Member #: _____

Medication now taking (if any): _____

Other important information: _____

Parent/Guardian Signature _____ Date _____