



HEALTH FORM

The Massachusetts Department of Public Health requires written documentation of immunization for all campers. Prior to attendance at Becket Day Camp, every participant must furnish to the camp a current medical history, which lists allergies, required medications, and any health conditions or impairments, which may affect the individual's activities while attending camp. **A parent or guardian must sign this form.**

Camper's Full Name: _____ **Home Phone:** _____

Address: _____

 Number Street City State Zip

Birth Date: _____ **Age:** _____ **Gender:** Male Female

	Parent/Guardian 1	Parent/Guardian 2	Alternate Contact 1
Full Name			
Relationship to Camper			
Daytime Phone			
Cell Phone			

If Parents are Separated, who has Legal Custody? _____ Physical Custody? _____

Insurance Information: Please complete the section below and attach a copy of the insurance card.

This camper is covered by family medical insurance Yes No

Insurance Company : _____ Medical Insurance Policy No _____

Insurance Company Phone Number: _____ Name of Insured: _____

Emergency Treatment Authorization

My signature authorizes the management and staff of the Becket-Chimney Corners YMCA to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. By my signature I hereby waive, release and hold harmless the YMCA, its management, volunteers, agents, and staff from any and all liability for any injuries, death or illness sustained and/or incurred while at Camp and/or while using any facilities of, or participating in any of the activities of the Becket-Chimney Corners YMCA. I/we grant permission for emergency medical treatment and/or routine medical care by the YMCA camp staff, a rescue squad, private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases Becket-Chimney Corners YMCA from any and all liability and/or financial responsibility for any medical expenses incurred.

I understand that in signing this application I certify that my child is healthy and free of problems that could be deleterious to his/her happiness or that of other campers. I agree that in the event this application is accepted, he/she will remain in the program until the end of the period for which the reservation has been made unless he/she is dismissed by the camp authorities for misconduct or for cause considered sufficient by the camp.

The information on this form is correct as far as I know and the person described is fully immunized as dated on the reverse, has no evidence of TB and may participate in any and all physical and athletic activities without restriction except as noted by me and his/her physician.

_____	_____
Signature	Date

Allergies: This camper is allergic to:

Dietary Restrictions: We provide a daily snack with milk. All campers bring their own lunch from home.



Restricted Activities: Please tell us about any camp activities that the camper cannot participate in due to health reasons.

Health-Care Providers:

Date of Last Physical Exam: (Must be within 1 year of attending camp):

Name of primary doctor(s): Phone:

IMMUNIZATION DATES (you may attach a doctor's report):

Immunization	Date (s)	Immunization	Date (s)
Diphtheris, Tetanus, pertussis (DTaP) or (TdaP)		Pneumococcal (PCV)	
Tetanus booster (dT) or (TdaP)		Hepatitis B	
Mumps, measles, rubella (MMR)		Hepatitis A	
Polio (IPV)		Varicella (chicken pox)	
Haemophilus Influenza type B (HIB)		Meningococcal meningitis (MCV4)	
Tuberculosis (TB) test	Date	Results	

MEDICATIONS BEING TAKEN Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

- This camper **does not** take any daily medication while attending camp.
- This camper will take the following daily medications while at camp :

General Questions (Explain "yes" answers below.) Has/does the participant:

Had any recent injury or illness ?	Yes	No	Ever had problems with back or joints ?	Yes	No
Have a recent infectious disease?	Yes	No	Have any skin problems (e.g., rash, acne)?	Yes	No
Have a chronic or recurring illness?	Yes	No	Wear glasses, contacts or protective eye wear?	Yes	No
Ever been hospitalized?	Yes	No	Have asthma, wheezing or shortness of breath?	Yes	No
Ever had surgery?	Yes	No	Had mononucleosis in the past 12 months?	Yes	No
Have frequent headaches?	Yes	No	Had problems with diarrhea/constipation?	Yes	No
Have diabetes?	Yes	No	Have problems with sleepwalking?	Yes	No
Have a history of bed-wetting?	Yes	No	If female, have an abnormal menstrual history?	Yes	No
Had fainting or dizziness?	Yes	No	Ever passed out/ had chest pain during exercise?	Yes	No
Ever had seizures?	Yes	No			

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement. Has the camper:

Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?	Yes	No
Ever been treated for emotional or behavioral difficulties or an eating disorder?	Yes	No
During the past 12 months, seen a professional to address mental/emotional health concerns?	Yes	No
Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)	Yes	No

Please explain "Yes" answers in the space below. The camp may contact you for additional information.

What Have We Forgotten to Ask? Please attach any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program.

