

2024 SUMMER CIT HEALTH HISTORY FORM

CHILD'S NAME: _____

BIRTHDAY: _____

This section is required for your child's care and must be completed in full.

My child is allergic: _____

Please restrict from these activities: _____

Current Medical, Mental or Psychological Condition pertinent to routine care of camper including any current treatment/care:

Please describe any past medical treatment that this camper has received:

Dietary restrictions? Please list: _____

Medications? Please list: _____

If medications need to be taken during the day you must complete a Medication Authorization Form and submit to the camp director.

A separate "Food Allergy & Anaphylaxis Emergency Care Plan" and "Asthma Treatment Care Plan" is available for those who require them online at fspymca.org/camp. If these are needed, they also must be submitted prior to camp start.

REGISTRATION RELEASE FOR CAMPS/ENRICHMENTS

I am aware of all program activities and allow my child to participate fully unless otherwise noted above. I hereby certify that my child named herein is in normal health and capable of safely participating in activities including swimming and field trips. I indemnify and hold harmless the YMCA, any officer, volunteer or employee of the YMCA and all involved with the YMCA programs from liability for any harm that befalls my child as a result of participation in YMCA programs. I consent that photographs and video taken of him or her are the property of the Fanwood-Scotch Plains YMCA and may be reproduced and publicized as the YMCA desires, free of claims on my part. In case of illness or emergency, I authorize the Camp Director or trained and certified personnel to provide first aid care or secure the services of a doctor if necessary. I understand that medical information and personal data will be used only in programs, when necessary, to protect a child's well being. I agree to adhere to all policies listed in the camp brochure. I understand that participant's membership must remain current through the end of the month of my registered camp weeks. By signing below I agree to pay the balance of the camp/enrichment fees in full on or before the payment due dates.

Registration not valid without signature. By signing below I acknowledge and accept the above stated release and the Fanwood-Scotch Plains YMCA camp/enrichment policies.

Parent/Guardian Signature

Date
