

**YMCA CAMP U-NAH-LI-YA OUTDOOR EDUCATION MEDICAL FORM**

**Participant Name:** \_\_\_\_\_ **Group Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

**Gender:** Male/Female **Age:** \_\_\_\_ **Birthdate:** \_\_\_\_ **Approx. height:** \_\_\_\_ **Approx. weight:** \_\_\_\_

**Parent/Guardian with legal custody (if youth):** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Emergency Contact (other than parent):** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Relation to Participant:** \_\_\_\_\_

**Date of most recent health examination:** \_\_\_\_\_ **Date of last tetanus shot:** \_\_\_\_\_

**Family Insurance Company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Please answer the following questions about your current and past health:**

<b>YES</b>	<b>NO</b>	
_____	_____	Allergies to plants/foods; Specify _____
_____	_____	Allergies to medications; Specify _____
_____	_____	Allergies to insect bites/stings; Medication? YES/NO
_____	_____	Diabetes; Taking insulin? YES/NO
_____	_____	Epilepsy, seizures, fainting spells; Specify _____
_____	_____	Asthma; Medication? YES/NO
_____	_____	High Blood Pressure; Medication? YES/NO
_____	_____	Back problems; Specify _____
_____	_____	Dislocations/Sprains/Fractures; Specify _____
_____	_____	Heat stroke or exhaustion
_____	_____	Are you pregnant? Specify trimester _____

**In general, how would you describe the participants health? Any physical limitations?**

**Is the participant currently under the care of a medical doctor? Please explain.**

**Is the participant currently taking any medication (prescription, non-prescription, or herbal)? Please explain.**

\_\_\_\_\_

The above medical form is correct and complete to my knowledge. I give permission for my child/self named above to take part in all activities except those specifically restricted. In case of life or death surgical emergency, I hereby grant permission to the physician and facility selected by the Camp to hospitalize, secure proper treatment for and to order injection, anesthesia to the individual named above in the event that I cannot be notified. The Greater Green Bay YMCA and personnel employed by said agency shall be relieved of any responsibility. I further agree to notify YMCA Camp U-Nah-Li-Ya if the individual named above is exposed to any communicable disease during the two weeks prior to program attendance.

**Adult Participant or Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_