

YMCA Day Camp Kumalya 2018 Emergency & Health Information Form

Please fill out completely and return to:

YMCA Customer Service Center • 651 Nicollet Mall, Suite 500, Minneapolis, MN 55402 • P 612 230 9622 • F 612 223 6322

Please use one form per child and print neatly. Use full legal names for all parties.

Child's First Name _____ MI _____ Last Name _____ Birthdate _____ Gender: F M

Child's Nickname _____ Grade in Fall 2018 _____ Age _____ This is my _____ year in YMCA Summer Programs.

Friends you would like to be grouped with: (To ensure positive group dynamics, please limit two friends per request who are within the same age group.)

Child resides with Mother Father Both Other _____

#1 Parent/Guardian's First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian's Birthdate _____ Gender: F M Cell Phone (____) _____ E-mail _____

Parent/Guardian's Home Phone (____) _____ Work Phone (____) _____

#2 Parent/Guardian's First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian's Birthdate _____ Gender: F M Cell Phone (____) _____ E-mail _____

Parent/Guardian's Home Phone (____) _____ Work Phone (____) _____

Race/Ethnic Background (optional):

Black or African American White Hispanic or Latino American Indian/Alaskan Native Asian or other Pacific Islander Other _____

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

The following people should be contacted in case of emergency, only if parent(s) or guardian cannot be reached AND are authorized to pick up the child:

1. Name _____

Relationship to child _____

Phone: Cell (____) _____ Home/Work (____) _____

2. Name _____

Relationship to child _____

Phone: Cell (____) _____ Home/Work (____) _____

Do you carry family medical/hospital insurance? Yes No

Carrier _____

Policy/Group # _____

Family Doctor _____

Phone (____) _____

Family Dentist _____

Phone (____) _____

Month, date and year of most recent immunizations: **Information required including specific dates. Or attach Immunization Record.**

DTP _____ MMR _____ Tetanus _____

Polio _____ HIB _____ VAR _____

Hep B _____ Hep A _____ PCV _____

Or Conscientious Objector

Parent/Guardian Signature _____

Is the child taking any medications? Yes No

If yes, what kind and why: _____

If medication needs to be administered during the program, a Medication Permission Form must be completed. Call the YMCA for this form, or pick it up at your site.

Has child had any of the following? If so, please explain:

Allergies _____

Dietary restriction/s _____

Special Need/s _____

Status of child's vision, hearing, and speech _____

Does your child have a communicable disease or condition which may prove to be a risk to others? Yes No

If yes, please comment: _____

Description of any camp activities from which the camper should be exempted for health reasons: _____

Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at YMCA programs: _____

Record of Past Medical Treatment. Chronic Concerns: Check all that pertain to this camper/participant and provide information about supportive health care. Please check parent handbook for restrictions on staff administration of medication.

Asthma Convulsions/Epilepsy

Diabetes Hypertension

Frequent Ear Infections Surgeries

Bleeding/Clotting Disorder Heart Defect/Disease Other: _____

Provide information about health care need for each item checked : _____

If special accommodations are required, contact the YMCA Customer Service Center at 612-230-9622 to be directed to appropriate staff.

