



**SUMMER
DAY
CAMP**

**YMCA OF MEWSA
2025 SUMMER CAMP
HEALTH HISTORY FORM**

This section *must* be completed by a parent/guardian OR the child's primary physician.

CHILD'S HEALTH HISTORY

Allergies: _____ Treatment: _____

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Dietary modifications:

Disabilities:

Chronic/recurring illnesses:

Current medications:

Activity limitations:

Any other known physical or mental conditions:

Name of Physician: _____ Phone (____) _____

Physician's address:

Date of last physical examination _____

Is there anything else we should know about your child to provide your family with the best service possible?

The Health History is correct, so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. _____ *initial*

Emergency Authorization: I hereby give permission to medical personnel to order X-rays, routine tests, and treatment for me/my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery for me/my child as named above. This form may be photocopied.

Signature of Parent/Guardian

Date