

YES Camp Medical Form

General information	
Name of camper:	
Camper's date of birth:	
Name of parent/guardian:	
Parent/guardian phone number:	Home: Work: Cell:
Parent/guardian email address:	
Address:	
Does the camper have any allergies? If yes, please list.	<input type="checkbox"/> no <input type="checkbox"/> yes
Is the camper currently on any medication? If yes, please list.	<input type="checkbox"/> no <input type="checkbox"/> yes
Does the camper have any conditions that may impact their ability to participate in activities? If yes, please list.	<input type="checkbox"/> no <input type="checkbox"/> yes
Does the camper have any medical conditions that should be brought to the attention of medical personnel in the case of an emergency?	<input type="checkbox"/> no <input type="checkbox"/> yes
Does the camper have any dietary restrictions? If yes, please list.	<input type="checkbox"/> no <input type="checkbox"/> yes

Emergency Contact Information	
Contact #1	Name: Relation: Phone:
Contact #2	Name: Relation:

	Phone:
Contact #3	Name: Relation: Phone:
Medical Insurance Information	
Insurance company name	
Group number	
Policy number	
<p>__The camper is not covered by medical insurance. I will assume any responsibility for any medical expenses he or she incurs during the participation of this program.</p> <p>Parent/guardian name (printed): Parent/guardian signature: Date:</p>	
Medical Consent	
<p>During YES Camp, first aid will be administered, if necessary, until medical care facilities can be reached or medical personnel arrive. Parents/guardians will be informed of any medical incident and treatment the camper has received. In the case of an emergency, I hereby authorize any medical treatment which may be advised or recommended by attending medical personnel for my camper. When practical, I will be notified before any procedures are done.</p> <p>Parent/guardian name (printed): Parent/guardian signature: Date:</p>	