CAMPER NAME (PLEASE PRINT) Last: ____________ First: ____________ MI: ____

PERMISSION TO TREAT

NOTE: KEEP a copy for your records and BRING with you to camp this completed and signed form to YMCA Camp Belknap on your scheduled arrival date.

PLEASE READ: This health information is MANDATORY to attend camp. We cannot by law accept a camper without complete health information signed by a parent/guardian and signed by a physician. The information on the following pages is necessary for the care of your child, if he becomes sick or injured at camp. If there are any changes to this health information after it has been submitted, you may discuss these changes on check-in day with the health staff.

IDENTIFYING INFORMATION:

LAST Name: ______________________________ **FIRST Name:** ______________________ **MI:** ___

Date of Birth: ____/____/____ **Age** (as of June 1, 2008): ____ **Social Security #:** ____-____-____ **Sex:** M F
Month Day Year

Parent(s)/Guardian(s): ________________________________ **Relationship to child:** ___________

Home phone: (____) ____ - _______ **Business phone:** (____) ____-______ **Cell phone:** (____) ____-______

Home address:

____
Number & Street *City* *State* *ZIP* *Country*

If not available in an emergency, please notify: ____________________________
Relationship to camper: ____________________________________
Home phone: (____) ____ - _______ **Cell phone:** (____) ____-______

HEALTH HISTORY (attach additional pages if necessary):

Drugs/environmental allergies?	Yes	No	Please list: ____________________
Dietary modifications?	Yes	No	Please describe and list any substitutes that you will bring to camp: ____________________
Dietary allergies?	Yes	No	Please list: ____________________
Disabilities?	Yes	No	Please describe: ____________________
Chronic/recurring illnesses?	Yes	No	Please describe: ____________________
Serious injuries/illnesses/ operations?	Yes	No	Please describe and provide dates: ____________________
Chicken pox?	Yes	No	Year: _________
Tetanus booster?	Yes	No	Year: _________
Currently taking medication?	Yes	No	**If yes, complete and sign the Medication Consent form.**

Name of physician: ______________________________ Phone: (_____) _____-_________
Name of dentist: ______________________________ Phone: (_____) _____-_________
Name of orthodontist: ______________________________ Phone: (_____) _____-_________

This health history is correct so far as I know, and the child herein described has permission to engage in all prescribed camp activities, except as noted below.

AUTHORIZATION TO TREAT: I hereby give permission to medical personnel selected by the camp directors to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp directors to secure and administer treatment, including hospitalization, for the child named above. This completed form may be photocopied for trips out of camp.

____ **DATE:** _____/_____/_____
Signature PARENT/GUARDIAN (staff member if over 18)

If for religious reasons you cannot sign this form, you should contact YMCA Camp Belknap to obtain a legal waiver, which must be signed before camp attendance is permitted.

MEDICATION CONSENT

Camper's Name_______________________________ **Birthdate** ______________________

MEDICATION CONSENT: (signature required at end of this section) Please mail this form to YMCA Camp Belknap, PO Box 1546, Wolfeboro NH 03894 NO LATER THAN MAY 1, 2008.

This section should be filled out for prescription medications to be taken at camp ***ON A REGULAR BASIS*** (attach additional pages if necessary):

	Name of Medication	Dosage/Route	Number of times/day	Reason
1.				
2.				
3.				
4.				
5.				

This section should be filled out for prescription medications to be taken at camp ***ON AN AS NEEDED BASIS*** (attach additional pages if necessary):

	Name of Medication	Dosage/Route	Number of times/day	Reason
1.				
2.				
3.				
4.				
5.				

____ **DATE:** _____/_____/_____

Signature PARENT/GUARDIAN for consent to give medications listed above

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Please use the back of this sheet to provide any other information that would be helpful to the health staff and/or your son's cabin leader:

MEDICATION CONSENT