



Health Form for YMCA TEAM Idaho Travel TREASURE VALLEY FAMILY YMCA

This form is to be completed by parents/guardians of minors or by adult (18 and older) staff members themselves.

Name _____ Birth Date _____ Sex _____ Age _____

Parent or Guardian _____ Phone # (____) _____

Home Address _____
STREET & NUMBER CITY STATE ZIP CODE

Business Phone # (____) _____ Cell Phone and/or Pager # _____

2nd Parent/ Guardian/ Emergency Contact: _____ Phone # (____) _____

Home Address _____
STREET & NUMBER CITY STATE ZIP

Business Phone # (____) _____ Cell Phone and/or Pager # _____

If not available in an emergency, notify:

Name _____ Phone # (____) _____

Address _____
STREET & NUMBER CITY STATE ZIP

Health History: (Check-giving approximate dates)

Table with 3 columns: Health History (Frequent Ear Infections, Heart Defect/Disease, Convulsions, Diabetes, Bleeding/Clotting Disorders, ADD/ADHD), Tetanus Innoc. Date (Mononucleosis, Diseases, Chicken Pox, Measles, German measles, Mumps), Allergies (Hay Fever, Ivy Poisoning, etc., Insect Stings, Penicillin, Other Drugs, Asthma)

Operations or serious injuries (dates): _____

Disability or chronic recurring illness: _____

Any specific activities to be encouraged or limited by physician's advice: _____

Dietary modifications: _____

Current medication (send with instructions): _____

Other diseases or details of above: _____

Name of physician: _____ Phone # (____) _____

Date of last physical examination: _____

Do you carry family medical/hospital insurance? _____ If so, please indicate:

Carrier: _____ Policy or Group # _____

Suggestions or health information for Team Idaho personnel: _____

*****IMPORTANT - THIS BOX MUST BE COMPLETED FOR ATTENDANCE*****

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Emergency Authorizations: I hereby give permission to the medical personnel selected by the director to order X-rays, routine tests and treatment for me/or my child; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Trip director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/or my child as named above. The completed forms may be copied for other Trips during the Calendar year.

Signature of parent/guardian _____ Date _____

The YMCA has my permission to use photographs of my child in promotional material.

Signature of parent or guardian _____ Date _____

* If for religious reasons you cannot sign this, then we should be contacted for a legal waiver which must be signed for attendance. Contact Tim Severa at 859-7953.