



SOUTH MOUNTAIN YMCA CAMPS

Health and Emergency Forms
201 Cushion Peak Rd., Reinholds, PA 17569



The purpose of this form is to have appropriate information for both adult and minor campers, immediately available in case of an emergency.

CAMPER INFORMATION:

Name: _____ Date of Birth: _____

Camp Attending: _____ Age: _____ Gender: Male _____ Female _____

Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Parent/Guardian Information (if under 18):

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

FAMILY MEDICAL INFORMATION:

Name of Family Physician: _____ Phone: _____

Name of Family Dentist: _____ Phone: _____

Name of Insurer: _____ Policy # _____

Carrier: _____ Phone: _____

(please provide a photocopy of insurance card)

CHILD RELEASE AUTHORIZATION: (In case of an Emergency please list everyone authorized to pick up child – including parents)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____



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ALLERGIES:

____ No Known Allergies ____ Food (describe below) ____ Medicine

____ the Environment (insect stings, hay fever etc.) ____ Other (describe below)

DIET, NUTRITION:

____ Regular Diet ____ Vegetarian Diet ____ Other (describe below)

____ Special Food Needs (describe below)

ANY KNOWN HEALTH CONDITIONS: (Asthma, Heart Conditions, Diabetes etc. please list)

MEDICATIONS: ("Medication is any substance a person takes to maintain and/or improve their health.")
This includes vitamins and natural remedies. We require that all medications are in the original
pharmacy container with your name and physician's prescription.) Please list medications. Please note
this information is used only in an emergency.

RESTRICTIONS:

____ I have reviewed the program & activities at camp and feel that I can participate without
restrictions.

____ I have reviewed the program & activities at camp and feel that I can participate with the
following restrictions and adaptations.



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EMERGENCY AUTHORIZATION

This Health and Emergency Form is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted.

____ **Permission to Treat:** In the event of an emergency, I hereby give permission to the medical personnel selected by South Mountain YMCA Camps to provide treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

____ This is a signed waiver for **refusal of treatment for religious or personal reason**. (If this block is checked) I Hereby release, indemnify, and hold harmless the South Mountain YMCA Camps, their officers, agents, and employees. I am voluntarily and knowingly accepting responsibility for refusal of medical treatment. This completed form may be photocopied for trips out of camp.

Print Name: _____

Signature: _____

(if this form is for a child under 18 a Parent/Guardian must sign)

Date: _____

For Minor's under the age of 18 not in the care of parent or legal guardian please complete this section.

I _____ parent or legal guardian of _____. Born the _____ day of _____, 20____ do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of _____ City of _____ State of _____ if I am not reasonably available by telephone to give consent.

This authorization is effective for the _____ day of _____ 20____ to _____ day of _____ 20____.

Signature of Parent or Legal Guardian

Date

Witness Signature

Witness Name: (Please print)