



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA STORER CAMPS ADULT HEALTH FORM

### Personal Information

LAST Name (Printed)	FIRST Name (Printed)	Date of Birth (Month, Day, Year)
Home Address		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
		Height:                      Weight:

### Emergency Contact Information

Emergency Contact Name	Phone Number	Alternate Contact Name	Phone Number
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### Insurance

### Immunizations

Please note: YMCA Storer Camps does NOT carry health/accident insurance for campers, schools, and conference camping participants.

My immunizations are up to date:     Yes     No

Year of last Tetanus Booster: \_\_\_\_\_

### Allergies

Please list your allergies:

Do any of the above cause an anaphylactic reaction?     No     Yes: if Ingested     Yes: if Touched     Yes: if Airborne

### Nutrition

### Medication

- No dietary restrictions
- No beef
- No pork
- Vegetarian
- Vegan
- Gluten-intolerant
- Lactose intolerant

Additional Information

Please list medications you are currently taking:

Note: medications cannot be kept in lodging units. They must be stored in the Health Center or a locked vehicle.

### Health History

Please check any of the following that pertain to you:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Diabetes        | <input type="checkbox"/> Hypertension             | <input type="checkbox"/> Other:            |
| <input type="checkbox"/> Bleeding Disorder   | <input type="checkbox"/> Fainting        | <input type="checkbox"/> Mobility Concern         |  |
| <input type="checkbox"/> Chronic Illness     | <input type="checkbox"/> Head Injury     | <input type="checkbox"/> Recent Injury or Illness | <input type="checkbox"/> None of the Above |
| <input type="checkbox"/> Chronic Injury/Pain | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Seizure Disorder         |  |

Please give details about checked items and note if you have activity restrictions due to your health history. Information that will help us provide care, especially in case of emergency, is appreciated.

### Authorization

This information is correct so far as I know. I am able to engage in all camp activities except as specified. I hereby give my permission to YMCA Storer Camps staff to provide routine care for me at camp and secure emergency medical treatment if needed.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_