

## Kimball Camp Health Information

Camper Name: \_\_\_\_\_ Date of Camp: \_\_\_\_\_

**Please list all general, mental, emotional, and social health history below:**

**Allergies:** \_\_\_ No Known Allergies \_\_\_ This camper is allergic to: \_\_\_ Food \_\_\_ Medicine  
\_\_\_ Bee Stings or other outdoor allergies \_\_\_ Other

*(Please describe below what the camper is allergic to and the reaction seen.)*

**Physical Limitations:** (Please describe)

**Mental, Emotional, or Social Behaviors:** (Please list any issues we need to be aware of that will affect your child's behavior.)

**Medical Insurance Information:**

This camper is covered by family medical/hospital insurance \_\_\_ Yes \_\_\_ No

Are all immunizations up to date? \_\_\_Y \_\_\_N

Insurance Company \_\_\_\_\_

In the event of a complaint of minor aches and pains, (headache, muscle ache, etc.) which over the counter medication would you prefer to be administered to your child: \_\_\_ Acetaminophen \_\_\_ Ibuprofen \_\_\_ Other  
List: \_\_\_\_\_

Please list Medications needed or used (including psychiatric):

| Purpose | Type | Frequency |
|---------|------|-----------|
|         |      |           |
|         |      |           |
|         |      |           |
|         |      |           |

**Camper Release & Medical Authorization**

To comply with the State of Michigan, Kimball Camp YMCA must have the names of those adults you authorize to pick up your child. We will ask for photo identification at the time of pick up. Please complete the following information and sign below. Your signature also authorizes Kimball Camp YMCA to seek medical treatment for your child in the event that you or anyone listed below cannot be reached in the case of a medical emergency. Please list all adults authorized to pick up your child or provide a medical release **including yourself.**

I give permission for \_\_\_\_\_ to be released to:

\_\_\_\_\_  
\_\_\_\_\_

at the end of camp or should an emergency arise where my child has to leave camp.

Signature of Custodial Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Camper \_\_\_\_\_ Phone \_\_\_\_\_