



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Select camp location:

- Freehold Family YMCA**
- Old Bridge Family YMCA**
- Red Bank Family YMCA**
- YMCA Camp Zehnder**

2022 YMCA of Greater Monmouth County Health History Record – CAMPER

Physician signature NOT required on this form, however a copy of updated immunization records is required by New Jersey Department of Health. Please submit immunization records including most recent tetanus booster to this form.

Camper's Name: _____ DOB _____ Sex: M F

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Cell: _____ Work phone: _____

Parent/Guardian: _____ Cell _____ Work phone: _____

Doctor Name: _____ Phone Number: _____

Insurance Carrier: _____ Policy#: _____

MEDICAL HISTORY OF PAST or PRESENT DISEASE / ILLNESS / BEHAVIOR: Please check all that apply

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Serious Illness | <input type="checkbox"/> Menstrual Issues | <input type="checkbox"/> Ears | <input type="checkbox"/> IEP / 504 Plan |
| <input type="checkbox"/> Heart | <input type="checkbox"/> Eyes | <input type="checkbox"/> Back/Limbs/ Joints | <input type="checkbox"/> Autism Spectrum |
| <input type="checkbox"/> Serious Injury | <input type="checkbox"/> Hernia/Rupture | <input type="checkbox"/> Teeth | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Stomach/Bowel | <input type="checkbox"/> Nose/Sinus | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Deformity | <input type="checkbox"/> Kidney/Bladder | <input type="checkbox"/> Throat/Tonsils | <input type="checkbox"/> Appendicitis |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Chest/Lungs | <input type="checkbox"/> Skin/Glands | <input type="checkbox"/> Infection/Seizure |

Please explain any checked conditions: _____

Asthma (Reactive Airway Disease) Inhaler needed at camp? Y - N (If YES, please submit a Medication Form with Doctor signature)

Allergies (Food, Bee Sting, Latex, etc.) _____
 Benedryl? Y - N Epi Pen? Y - N (If YES, please submit a Medication Form with Doctor signature)

If we can address any further needs to help your child be successful at camp, a separate letter is encouraged.

AUTHORIZATION:

To the best of my knowledge, history is complete and accurate. I know of no reason to restrict applicant's activity, and give my permission for participation in all activities except as specifically noted herein. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for camper as named above.

I HAVE READ AND UNDERSTAND THE POLICIES AND PROCEDURES OF YMCA of GREATER MONMOUTH COUNTY SUMMER CAMP.

Parent/Legal Guardian Signature: _____ Date: _____

YMCA OF GREATER MONMOUTH COUNTY
SUMMER CAMP
 170 Patterson Avenue
 Shrewsbury, NJ 07702
 P. 732.836.9177

YMCA NJ.org
 SummerFun@ymcanj.org

Here for all.
 Financial assistance is offered based
 on availability of funds.

117-3420-CZ