

**YMCA of McHenry County – Camping Services
Medical History/ Permission to Treat Form**

Please complete and sign in both places.

Campers may not participate in day camp activities without this form

Please check which camp you will be attending: YMCA – Crystal Lake Triple R Day Camp Both

Camper Name: _____ **Birth Date:** _____ **Gender: M or F**

IN CASE OF AN EMERGENCY NOTIFY:

First Choice: _____ Second Choice: _____

Relationship to Camper: _____ Relationship to Camper: _____

Phone: _____ Phone: _____

Family Doctor and Phone: _____

Insurance Company and Policy Number: _____

Date of last immunization:

Please List Any:

Name:	Date:
DIPHTHERIA:	_____
POLIO:	_____
TETANUS:	_____
TUBERCULIN TEST:	_____
MEASLES:	_____
MUMPS:	_____
CHICKEN POX:	_____

Allergies:

Current Medications (Please list & complete Authorization form):

Current Medical Conditions

Serious illness/injury in the last 2 years:

In case of medical or surgical emergency: I hereby do give my permission to the medical personnel selected by the Director of Camping Services to secure proper treatment, hospitalize, and to order injections, anesthesia or surgery for my child at the nearest health care facility.

Signature of Parent/Legal Guardian of minor

Date

I attest that the above information is correct:

Signature of Parent/ Legal Guardian _____ Date: _____

Please check here if you give day camp staff permission to assist your camper in the application of sunscreen.