

# Newport County YMCA Camper's Health History

Child's Name (print): \_\_\_\_\_

Grade entering in September \_\_\_\_\_

Does your child require any special accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain in detail: \_\_\_\_\_

Does your child display any behaviors, ADHD, ADD, etc. that we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has your child had any behavior issues in the past with the Newport County YMCA camps? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does your child have any health problems? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Please explain any recent surgeries or medical procedures: \_\_\_\_\_

Does your child have an aide during the school year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, will he/she have one during the summer? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, please explain: \_\_\_\_\_

Does your child take any medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list: \_\_\_\_\_  
If yes, will it be dispensed while your child is at camp? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please fill out separate form with camp counselor.

### Parent's Authorization:

***This health history is correct to the best of my knowledge and my child has permission to engage in all planned activities, except as noted. I understand that the Newport County YMCA has authority to dismiss any child from camp due to inappropriate conduct. If a camper puts staff or another participant in harms way, that camper will be dismissed for the balance of the summer.***

Parent/Guardian's name (print) \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent contact phone \_\_\_\_\_

Office Use: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_