

**Newport County YMCA  
Camper's Health History**

Child's Name \_\_\_\_\_

Grade entering in September (of current year) \_\_\_\_\_

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

\_\_\_\_\_

Does your child display any behaviors 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? \_\_\_\_\_

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child take any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, will medication be dispense while your child is at camp? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any allergies to bee stings, food, medication, etc. \_\_\_\_\_

\_\_\_\_\_

**Parents 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 camps due to inappropriate conduct from that camper. At any time a camper puts a staff or another camper in harms way that camper will be dismissed for the balance of the summer.*

Physicians Name (please print) \_\_\_\_\_ Phone number \_\_\_\_\_

Parent/Guardian (please print) \_\_\_\_\_

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