

Medical History

Allergies to foods, medications, etc. (if none so state)

1. Is camper currently under a physicians care for any acute or chronic medical condition? Please explain _____

2. Does camper carry medications on person? (If none, so state)

3. Medication(s) _____ Purpose: _____

4. Does camper require prescription medications? (If none so state) _____

Medication(s) _____ Purpose: _____

5. Family Physician _____

Phone _____

Address _____

Health Insurance

Company _____

Phone _____

Policyholders Name _____

Address _____

Group No. _____

Policy No. _____ **(Please attach a photocopy of your insurance card and prescription card if one.)**

6. Does camper have or has camper had any of the following conditions? Please circle yes or no, and list the approximate date of last occurrence

Asthma No Yes Date: _____ Diabetes No Yes Date: _____

Bronchitis No Yes Date: _____

Tuberculosis No Yes Date: _____ Rheumatic Fever

No Yes Date: _____

Mumps No Yes Date: _____ Kidney Trouble No

Yes Date: _____ Hepatitis No Yes Date: _____

Heart Murmur No Yes Date: _____ Scarlet Fever

No Yes Date: _____ Chicken Pox No Yes Date: _____

Appendicitis No Yes Date: _____ Frequent Colds

No Yes Date: _____ Pnuemonia No Yes Date: _____

Epilepsy No Yes Date: _____ HIV No Yes Date: _____

Anemia No Yes Date: _____

Measles No Yes Date: _____ Sore Throats No Yes

Date: _____ Heart Trouble No Yes Date: _____

Sinusitis No Yes Date: _____

Whooping Cough No Yes Date: _____

Fractures No Yes Date _____

Nature of fracture _____

Other conditions nurse should be aware of _____

7. Operations or Serious Injures (describe and give dates) _____

8. Immunization Dates (A photocopy of the camper's health card may be attached, if any.)

DPT _____ Booster Diphtheria _____

Booster

Tetanus _____ Smallpox _____ Typhiod _____

Tuberculin _____ Measles _____ Mumps _____

Polio Vaccine (Salk or Sabin) _____

9. Has individual recently been exposed to a contagious disease? (If "yes" describe if "no" so state)

10. Does Individual have problems in any of the following areas? Vision _____ Hearing _____

Hernia _____ Fainting _____ Diarrhea _____ Consti

pation _____ Sleep Walking _____ Bed Wetting _____

Recent emotional upset (death of a family member, divorce of parents, etc)

12. Any other medical, emotional, psychological problems, dietary regime, or physical restrictions? If yes please describe

As a parent/guardian I acknowledge that individual will be checked by the nurse at the start of camp for any condition that might be contagious. I also understand that should individual have to be sent home due to such a condition I will be responsible for any and all transportation cost.

Permission for Medical Treatment

I, the undersigned, being the parent, legal next-of-kin, or guardian of _____

Hereby authorize any necessary medical treatment for this person. I also guarantee payment of all charges incurred during this medical treatment for Physician, hospital, x-ray tab, drugs, ambulance, etc.

Parent/Guardian _____

Date _____

CONSENT

I/ specifically consent to (child's name) _____ participating in activities offered by the 2000 Strong Adventure Camp, including but not limited to camping, boating, swimming, hiking, rock climbing wall, ropes course, archery, and sporting events. I have deleted any items from the preceding list to which I do not give consent for participation.

I/We certify that (child's name) _____ has the necessary skills to participate in any of the approved activities. (E.g. if boating is approved, the child can swim). _____

Who to Contact in the Event of an Emergency

Name _____ Relationship _____
Phone _____

Address _____ City _____ State/Province _____
Country _____ Zip _____

Name _____ Relationship _____
Phone _____

Address _____ City _____ State/Province _____
Country _____ Zip _____

Policy holders Name _____
Address _____

Group No. _____
Policy No. _____

(Please attach a photocopy of your insurance card and prescription card if one.)

Please mail completed registration forms as soon as possible to:

2000 Strong Adventure Camp
3313 Greenglen Circle
Carrollton, Texas 75007

Email: sjledoux@verizon.net

Please enclose a \$25.00 deposit due by July 20, 2010 to hold your place at the retreat. Make checks payable to: **2000 Strong Camp**. The remaining balance of \$165.00 should be made on or before July 28,2010. Your deposit is fully refundable and transferable if you cancel before July 19th. The total amount of the retreat is \$190.00 Per camper.

Check -in for the retreat is at 5:00 p.m. on Wednesday, July 28th at the bus drop-off depot inside the campgrounds; there will be signs to direct you. Please do not come early. Check out is Sunday, August 1, at 12:00 p.m. It is important to arrive on time. The YMCA is on a very strict time schedule and your cooperation is greatly needed and appreciated.