



HYC HEALTH FORM

The following information is requested so that Hiawatha Youth Camp can best meet the physical, intellectual and emotional needs that may occur over the course of the summer. Please fill out all information requested on both sides of this form.

Legal Name _____ Sex _____ Date of Birth _____ Age _____

Street Address _____

City _____ State _____ Zip _____ Phone # _____

Name of Parent or Legal Guardian: _____ Phone # _____

Mailing Address (if different) _____

City _____ State _____ Zip _____ Phone # _____

Who may we contact in case of an emergency if the parent/guardian cannot be reached?

Name _____ Relationship _____

Phone # _____ Alternate # _____

MEDICAL HISTORY

Any current or previous health conditions? Including:

- Allergies (including food and medications)
- Asthma
- Contacts/Glasses
- Dental problems
- Diabetes
- Diarrhea, constipation, or GI issues
- Emotional, social, learning, or other mental health concerns(ADHD, Anxiety Depression, etc.)
- Existing heart condition
- Frequent colds, sore throats, ear aches (4 or more per year)
- Hard of hearing/deaf
- Heart Trouble
- Infectious diseases
- Issues related to sleep (insomnia, night terrors, bed wetting, etc)
- Joint Problems (recent or chronic)
- Previous hospitalizations or surgeries
- Recent head, back, or neck injury
- Seizure disorder
- Should activity be restricted because of physical limitation or illness?
- Skin Conditions
- Special needs or limitations
- Any other chronic or recurring illness (not previously listed)
- Other concerns not previously listed

Please explain any check area above:_____

Operations or pre-existing injuries:_____

Are immunizations up to date?

- Yes
- No

Date of last tetanus shot:_____

Please list any allergies, including foods or medicines:_____

***If you do not specify the dietary restrictions that are medically necessary, we will not be able to provide special meals.

What reaction happens?_____

Recommended treatment by physician:_____

Please list medications, including over the counter medications taken on a daily basis:

***ALL MEDICATIONS YOU BRING MUST BE IN THE ORIGINAL CONTAINER.

Please send along a current photo of your child. This is necessary so that in case of an emergency we have a photo to quickly identify your child. Photo can be attached directly to this form.

INSURANCE INFORMATION

In Case of an Emergency

Health Insurance Company: _____

Policy / Account #: _____

Group #: _____

I hereby give permission for routine health care provided by Hiawatha Youth Camp, and in case of emergency, to the licensed physician selected by the camp to hospitalize, secure proper treatment, and authorize anesthesia or surgery for the person named on this form.

Yes

No

Transportation Authorization

I hereby give permission to Hiawatha Youth Camp to transport the child named on this form off of the camp premises for purposes of field trip activities.

Yes

No

I hereby give permission to Hiawatha Youth Camp to use photos / videos of the person named on this form for the purposes of promoting the camp, and waive all claims to compensation for the use of his / her likeness.

Yes

No

Printed name of person granting permission: _____

Signature: _____ Date: _____