

YMCA Camp of Greater Des Moines
Health Form

(This form must be completed prior to participation in camp programs.)

Name: _____
Last First Middle

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Gender: M F Age: _____ Date of Birth: _____
Month / Day / Year

Address: _____

City: _____ State: _____ Zip: _____

Does the participant have any allergies Y Camp should be aware of? _____

Does the participant have any health conditions Y Camp should be aware of?

Are you asthmatic? Y N (If yes, please bring inhaler while at camp.)

Are you diabetic? Y N (If yes, please bring appropriate medication.)

Do you have any special food requirements? _____
(If yes, please contact the camp Program Director 2 weeks prior to your visit.)

Is there any concern that would limit your level of activity?

Other Emergency Contacts

1. Name Relationship Address

Home Phone Work Phone

2. Name Relationship Address

Home Phone Work Phone

In case of medical emergency, I hereby give permission to the physician selected by the camp or an appointed staff member to hospitalize, secure proper treatment or order injection, anesthesia or surgery for the participant named on this health form. I will notify the Program Director of any serious restrictions related to his or her participation in the Des Moines YMCA Camp programs. I also assume all responsibility of any medical treatment costs that occur while my child is attending the Des Moines YMCA Camp program. I give permission for my child or myself to be in any camp photos and used for promotional pieces as well as participate in all YMCA Camp activities. I will not hold the Des Moines YMCA Camp or any of its agents, staff or volunteers liable in the event of an emergency or incident relating to loss during Y Camp programs or while using Y Camp facilities.

Signature of Participant or Guardian: _____ Date: _____