

**SUMMER CAMP EMERGENCY INFORMATION**

MAIL TO: YMCA Summer Camp • PO Box 188 • W. Barnstable, MA 02668  
508-362-6500 x113

Camper's Name..... Birth Date.....  
Sex..... Age (as of 6/1/10).....  
Street Address..... City.....  
State.....Zip.....  
Summer Address (if different).....

Home Phone Number .....  
Your child will not be released to any person other than those indicated with a check on the sheet below. If your child is signed-out, a photo I.D. will be required by the person picking him/her up. Your child can only be signed out by the people listed below.

Please indicate with a check those persons to whom your child may be released in case of illness/injury or dismissal. In case of an emergency/illness, we will call the following contacts in the order listed unless otherwise noted.

Parent/Guardian.....Day Phone Number .....  
Relationship..... Other Phone Number.....

Address (if different than child's) .....

Parent/Guardian.....Day Phone Number .....  
Relationship.....Other Phone Number.....

Address (if different than child's) .....

Emergency Contact.....Day Phone Number .....  
Relationship.....Other Phone Number.....

Emergency Contact.....Day Phone Number .....  
Relationship.....Other Phone Number.....

Emergency Contact.....Day Phone Number .....  
Relationship.....Other Phone Number.....

Is there a court order in regard to the child's custody? Yes..... No..... Is there a current restraining order in regard to who may have contact with this child? Yes..... No..... If yes to either questions, a copy of order is needed for the child's file. Please attach to registration information.

Signature of parent/guardian .....

Relationship to child.....Date .....

**SUMMER CAMP - MEDICAL HISTORY**

**(MUST BE FILLED OUT EACH YEAR)**

Child's Name.....

Date of Birth.....

Name of Family Physician.....

Physician's Phone Number.....

Address of Physician .....

Name of Dentist.....

Phone Number .....

Name of Orthodontist.....

Phone Number .....

Do you carry medical/hospital insurance? Yes..... No.....

If so, please indicate: Carrier.....

Policy/Group #.....

Operations or serious injuries (dates).....

Chronic or recurring illness/medical condition .....

Dietary restrictions .....

Allergies.....

Current Medications .....

Medications to be administered at camp .....

\* \* An Authorization to Administer Medication To A Camper form must be completed prior to camp . Please contact the Camp Lyndon camp nurse or Camp 132 Camp Director with any questions. This form will be available prior to and on the first day of each session of camp. Medications MUST be brought to camp by a parent/guardian. Medications MUST be in the original container with a correct and current prescription label (pharmacy will provide a separate container upon request).

Please indicate with a check (and dates if appropriate) if your child has experienced any of the following:

- |                               |                                   |
|-------------------------------|-----------------------------------|
| ..... Frequent ear infections | ..... Heart Condition/Disease     |
| ..... Seizures/Epilepsy       | ..... Diabetes                    |
| ..... Asthma                  | ..... Bleeding/Clotting Disorders |
| ..... Hypertension            | ..... Mononucleosis               |
| ..... Lyme Disease            |                                   |

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