

MEDICAL QUESTIONNAIRE FORM

Child's Full Name _____ Age _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Primary Care Physician _____ Phone # _____

Dentist _____ Phone # _____

Does your child have any allergies to food, medications or insect bites? If so, what are the allergies, and what are the treatments for them? _____

Does your child carry this treatment with them? ☐ Yes ☐ No

Does the YMCA staff have permission to administer treatment if an allergic reaction occurs? ☐ Yes ☐ No

Is your child currently taking any medications? ☐ Yes ☐ No

Name of Medication _____

Dosage _____

Time(s) to Administer _____

Instructions to administer medication: _____

*Any medicine that needs to be administered must be given to the YMCA staff **in the original packaging** prior to your child attending summer camp.

Medical History: Please include any information that would affect diagnosis or treatment, such as diabetes, seizure disorders, injuries, etc. _____

*If your child has had a significant life change that may affect their behavior, we encourage you to discuss the matter with the childcare director so that we may better serve your child and understand their needs.

Does your child have any specialized needs? ☐ Yes ☐ No

If yes, what are they? _____

Are there any special accommodations that we need to make for your child? _____

MEDICAL INSURANCE INFORMATION

Company _____ Phone # _____

Policy # _____ Group # _____ Phone # _____

In the event that I am unavailable to answer for my child, I hereby give permission to YMCA of Upper Palmetto staff to seek emergency medical treatment for my child, including but not limited to X-rays, routine tests and/or injections. I have completed this form to the best of my knowledge and hereby assert that all medical information is true and correct. I have included all medical and behavioral information.

RESPONSIBLE PARTY _____ **DATE** _____

*Although YMCA of Upper Palmetto desires to accommodate all children, we unfortunately are not able to accommodate children with special needs who are unable to function within our camp/after school structure. Please contact the branch director if you have questions.

