



Monroe County YMCA Summer Camp Emergency/Medical Information Form

Child's Name:	Age:	Date of Birth:
Please list the YMCA Summer Camps and dates for which your child is registered. Please use the back if necessary:		
1.	3.	5.
2.	4.	6.
Parent's Name:	Child's Nickname:	E-mail:
Home Phone:	Work Phone:	Cell Phone/Pager:
Emergency Phone:	Emergency Phone #2:	Allergies:
Name:	Name:	Food: Insects:
Phone:	Phone:	
Cell Phone/Pager:	Cell Phone/Pager:	Other Medical History/Special interests:
Relationship:	Relationship:	Fears/Comments:

Where will you generally be during camp time?	
If I can't be reached, I give my permission for YMCA Camp staff to transport my child to IU Health/Bloomington Hospital and for IU Health/Bloomington Hospital to begin any necessary procedures. Parent signature:	Yes, it is okay to take my child's picture: <input type="checkbox"/> No, please do not take my child's picture: <input type="checkbox"/>

Medications to be administered to my child at camp:

Medications I Approve YMCA Camp Staff To Administer To My Child: Please initial each approved.	
_____ Aloe _____ Antibiotic Cream _____ Benedryl _____ Calamine Lotion _____ Children's Tylenol	_____ Epi Pen _____ Generic Cough Drops _____ Hydrocortisone _____ Other

Who can pick up my child?

The following people may pick up my child from camp. (Please list all possibilities. Photo ID may be required.)

Name:	Relationship:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	