

#5

**Does your child have any problems with the following?**

Asthma	yes	no	Environment Allergies	yes	no
Allergies to insects	yes	no	Seizures	yes	no
Hearing Loss	yes	no	Sleep Walking	yes	no
Diabetes	yes	no	Heart Problems	yes	no
Bed Wetting	yes	no			

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any other serious medical problems?      Yes      No

If yes, please explain: \_\_\_\_\_

Has your child been under a physician's care recently?      Yes      No

If yes, please explain: \_\_\_\_\_

Has your child ever spent a night away from home and family?      Yes      No

If you have any doubts that your child is in good health, have him/her checked by your family doctor and forward the report to the school. Please do not send your child if he/she has cold or flu symptoms. Students medically unable to participate in the O.E. Program will be sent home.

Does your child have any allergies to food? \_\_\_\_\_

Any allergies to medications? \_\_\_\_\_

Diet restrictions/vegetarian? \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

To the best of my knowledge the above information given is correct and my child has permission to engage in all camp activities. I have read and understand the health information listed on this form. I hereby give my permission to YMCA Camp Lakewood and the attending school to secure emergency and routine medical care for the student named above while attending the O.E. Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_