

# MEDICAL INFORMATION

**OUR MISSION:** The YMCA of San Diego County is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body.



**FOR YOUTH DEVELOPMENT\*  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## PARTICIPANT INFO

First Name	MI	Last Name	Suffix
Birth Date (mm/dd/yyyy)		Primary Phone (    ) -	<input type="checkbox"/> Mobile
Primary Email		<input type="checkbox"/> Personal email <input type="checkbox"/> Family email	

## MEDICAL INFO

Health Insurance Company or Carrier		
Policy or Insurance Number		Insurance Group Number
Preferred Hospital		
First Name on Insurance Card		Last Name on Insurance Card
Family Doctor's Name		Doctor's Phone Number
Doctor Street Address		Suite #
City	State	Zip

## CONDITIONS REQUIRING CONSIDERATION

<input type="checkbox"/> Heart defect/disease	<input type="checkbox"/> Bleeding Disorders
<input type="checkbox"/> Recent Hospitalization	<input type="checkbox"/> Rheumatic Fever
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Autism*
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asperger's Syndrome*
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Seizures/Convulsions	<input type="checkbox"/> Down's Syndrome*
General Comments/Other	

\* These conditions require camp management to be notified.

## HEALTH HISTORY

Operations/Past Medical Treatments	Date of last Tetanus vaccination shot
Exempt Activities	Are all immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Currently on Medication	Current Meds Name/Dose
What condition the medication is for?	

## ALLERGIES

<input type="checkbox"/> Eggs	( <input type="checkbox"/> Epipen )
<input type="checkbox"/> Milk    ( <input type="checkbox"/> Epipen )	<input type="checkbox"/> Soy        ( <input type="checkbox"/> Epipen )
<input type="checkbox"/> Peanuts   ( <input type="checkbox"/> Epipen )	<input type="checkbox"/> Bee Stings ( <input type="checkbox"/> Epipen )
<input type="checkbox"/> Tree nuts ( <input type="checkbox"/> Epipen )	<input type="checkbox"/> Penicillin ( <input type="checkbox"/> Epipen )
<input type="checkbox"/> Fish        ( <input type="checkbox"/> Epipen )	<input type="checkbox"/> Hay Fever ( <input type="checkbox"/> Epipen )
<input type="checkbox"/> Shellfish ( <input type="checkbox"/> Epipen )	
Other Food Allergies	
Other Drugs	

## AUTHORIZED PICK UP

Authorized Person 1	Authorized Person 2
Name	Name
Relationship	Relationship
Phone Number	Phone Number
Authorized Person 3	
Name	Relationship
Phone Number	