CHESHIRE YMCA – DEVELOPMENTAL TRAVEL
HEALTH HISTORY FORM

Please note that the information on this form is NOT part of the student or staff acceptance process. The information is gathered only to assist Cheshire YMCA staff in caring appropriately for your child. We require a NEW Health History Form every year. Please make a copy for your records.

Student Name:_____ Birthdate:_____
Last First Middle

Address:_____ Phone:_____
Street City State ZIP

Emergency Contact Information

Primary Parent / Legal Guardian:_____ Home Phone:_____
Address:_____ Cell Phone:_____
Email Address:_____ Work Phone:_____
Secondary Parent / Guardian:_____ Home Phone:_____
Cell Phone:_____ Work Phone:_____
If unavailable in an emergency, contact:_____ Relationship:_____
Home / Work / Cell Phone 1:_____ Home / Work / Cell Phone 2:_____
Do you plan to be away from home during camper's stay? * ☐ No ☐ Yes Dates:_____
** If so, please remember to attach dates, locations, and contact information..*

Health Insurance

Is the student covered by family medical and/or hospital insurance? ☐ No ☐ Yes
Insurer Name:_____ Provider Services Phone:_____
Group #:_____ ID #:_____ Policy Effective Date:_____
Subscriber:_____ Subscriber Birthdate:_____ Relationship:_____
Physician Name:_____ Phone:_____
Dentist/Orthodontist Name:_____ Phone:_____

Health History Questions	Yes	No	Health History Questions	Yes	No
Asthma: – Last Attack:			Frequent Ear Infections / Swimmer's Ear		
Diabetes – Last HgbAIC:			Bleeding / Clotting Disorder		
Seizure Disorder – Last Seizure:			History of Bedwetting		
Eating Disorder			Hospitalization / Surgery – Date:		
Emotional Disorder (e.g. anxiety, depression)			Skin Problems		
Behavioral Disorder (e.g. ADHD, Asperger's)			Orthopedic Problems		
Abnormal Menstrual History			Recent Illness or Infectious Disease		
Digestive Problems (e.g. diarrhea, constipation)			Sleep Disorder		
Frequent Headaches / Migraines			Diagnosed Concussion – Date:		
Tetanus Immunization – Date:					

If you answered "Yes" to any questions above, please explain here:_____

Please describe any other physical, emotional, or behavioral issues, as well as any recent or ongoing treatments:_____

Allergies Describe Reaction and Management of Reaction

_____ _____
_____ _____

Restrictions

Dietary Restrictions: ☐ None ☐ No Red Meat ☐ No Poultry ☐ No Dairy ☐ No Pork ☐ No Eggs ☐ No Gluten
Please describe any restrictions to activities on tour:_____

Over The Counter Medications

While we are on tour, we bring the following over the counter medications. If you wish to give permission for your child to be medicated if needed while on tour, please check any boxes that would apply.

Medication	Yes	No	Medication	Yes	No
All Medications Listed Below			Pepto-Bismol		
Dramamine or generic equivalent			Cough Drops		
Acetaminophen/Tylenol (pain, fever)			Sore Throat Lozenges		
Tums/ Chewable Antacid			Benadryl or generic equivalent (allergies)		
Anti-Diarrheal/ Imodium			Cough Syrup		
Ibuprofen/Advil/Motrin (pain, fever)					

Please list all medications your student will be taking while on tour:

Medication	Directions

Parent / Guardian Authorization: I attest that this health history is accurate and complete, and that the person described herein has permission to participate in all Cheshire YMCA activities except as noted by me. I hereby give permission to Cheshire YMCA to provide routine health care, including prescribed medications, and seek emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission for Cheshire YMCA to arrange necessary related transportation for me/my child. If I cannot be reached in an emergency, I hereby grant permission to the physician selected by Cheshire YMCA to secure and administer treatment, including hospitalization, for the above named person. This completed form may be photocopied for use on tour.

Parent/Guardian Signature: _____ Date: _____

Parent / Guardian Printed Name: _____