

**Medical History**

Allergies to foods, medications, etc. (if none so state)

1. Is camper currently under a physicians care for any acute or chronic medical condition? Please explain \_\_\_\_\_

2. Does camper carry medications on person? (If none, so state)

3. Medication(s) \_\_\_\_\_  
Purpose: \_\_\_\_\_

4. Does camper require prescription medications? (If none so state) \_\_\_\_\_

Medication(s) \_\_\_\_\_  
Purpose: \_\_\_\_\_

5. Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

**Health Insurance**

Company \_\_\_\_\_

Phone \_\_\_\_\_

Policyholders Name \_\_\_\_\_

Address \_\_\_\_\_

Group No. \_\_\_\_\_

Policy No. \_\_\_\_\_ **(Please attach a photocopy of your insurance card and prescription card if one.)**

6. Does camper have or has camper had any of the following conditions? Please circle yes or no, and list the approximate date of last occurrence

Asthma No Yes Date: \_\_\_\_\_ Diabetes No Yes

Date: \_\_\_\_\_ Bronchitis No Yes Date: \_\_\_\_\_

Tuberculosis No Yes Date: \_\_\_\_\_ Rheumatic Fever

No Yes Date: \_\_\_\_\_

Mumps No Yes Date: \_\_\_\_\_ Kidney Trouble No

Yes Date: \_\_\_\_\_ Hepatitis No Yes Date: \_\_\_\_\_

Heart Murmur No Yes Date: \_\_\_\_\_ Scarlet Fever

No Yes Date: \_\_\_\_\_ Chicken Pox No Yes Date: \_\_\_\_\_

Appendicitis No Yes Date: \_\_\_\_\_ Frequent Colds

No Yes Date: \_\_\_\_\_ Pnuemonia No Yes Date: \_\_\_\_\_

Epilepsy No Yes Date: \_\_\_\_\_ HIV No Yes Date: \_\_\_\_\_

\_\_\_\_\_ Anemia No Yes Date: \_\_\_\_\_

Measles No Yes Date: \_\_\_\_\_ Sore Throats No Yes

Date: \_\_\_\_\_ Heart Trouble No Yes Date: \_\_\_\_\_

Sinusitis No Yes Date: \_\_\_\_\_

Whooping Cough No Yes Date: \_\_\_\_\_

Fractures No Yes Date \_\_\_\_\_

Nature of fracture \_\_\_\_\_

Other conditions nurse should be aware of \_\_\_\_\_

7. Operations or Serious Injures (describe and give dates) \_\_\_\_\_

8. Immunization Dates (A photocopy of the camper's health card may be attached, if any.)

DPT \_\_\_\_\_ Booster Diphtheria \_\_\_\_\_  
Booster

Tetanus \_\_\_\_\_ Smallpox \_\_\_\_\_ Typhiod \_\_\_\_\_

Tuberculin \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_  
\_\_\_\_\_ Polio Vaccine (Salk or Sabin) \_\_\_\_\_

9. Has individual recently been exposed to a contagious disease? (If "yes" describe if "no" so state)

\_\_\_\_\_

10. Does Individual have problems in any of the following areas? Vision \_\_\_\_\_ Hearing \_\_\_\_\_

Hernia \_\_\_\_\_ Fainting \_\_\_\_\_ Diarrhea \_\_\_\_\_ Consti  
pation \_\_\_\_\_ Sleep Walking \_\_\_\_\_ Bed Wetting \_\_\_\_\_

Recent emotional upset (death of a family member, divorce of parents, etc)

\_\_\_\_\_

12. Any other medical, emotional, psychological problems, dietary regime, or physical restrictions? If yes please describe

\_\_\_\_\_

**As a parent/guardian I acknowledge that individual will be checked by the nurse at the start of camp for any condition that might be contagious. I also understand that should individual have to be sent home due to such a condition I will be responsible for any and all transportation cost.**

**Permission for Medical Treatment**

*I, the undersigned, being the parent, legal next-of-kin, or guardian of \_\_\_\_\_*

*Hereby authorize any necessary medical treatment for this person. I also guarantee payment of all charges incurred during this medical treatment for Physician, hospital, x-ray tab, drugs, ambulance, etc.*

*Parent/Guardian \_\_\_\_\_*

*Date \_\_\_\_\_*

**CONSENT**

I/ specifically consent to (child's name) \_\_\_\_\_ participating in activities offered by the 2000 Strong Adventure Camp, including but not limited to camping, boating, swimming, hiking, rock climbing wall, ropes course, archery, and sporting events. I have deleted any items from the preceding list to which I do not give consent for participation.

I/We certify that (child's name) \_\_\_\_\_ has the necessary skills to participate in any of the approved activities. (E.g. if boating is approved, the child can swim). \_\_\_\_\_

**Who to Contact in the Event of an Emergency**  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Zip \_\_\_\_\_

Policy holders Name \_\_\_\_\_  
Address \_\_\_\_\_

Group No. \_\_\_\_\_  
Policy No. \_\_\_\_\_

**(Please attach a photocopy of your insurance card and prescription card if one.)**

Please mail completed registration forms as soon as possible to:

2000 Strong Adventure Camp  
3313 Greenglen Circle  
Carrollton, Texas 75007  
Email: [sjledoux@verizon.net](mailto:sjledoux@verizon.net)

Please enclose a \$25.00 deposit due by July 1st, 2011 to hold your place at the retreat. Make checks payable to: **2000 Strong Camp**. The remaining balance of \$172.00 should be made on or before July 13,2011. Your deposit is fully refundable and transferable if you cancel before July 3rd. The total amount of the retreat is \$197.00 per camper.

***Check -in for the retreat is at 5:00 p.m. on Wednesday, July 13th at the bus drop-off depot inside the campgrounds; there will be signs to direct you. If you were unable to mail your camp forms please bring them with you at check in. Please do not come early. Check out is Sunday, July17th, at 12:00 p.m. It is important to arrive on time. The YMCA is on a very strict time schedule and your cooperation is greatly needed and appreciated.***