

Teen Camp Health Form

Please fill out one form per teen

Teen's Name _____

Date of Birth _____ Age _____ Grade (in Sept. 09) _____

Address _____

Parents/ Guardian Name #1 _____ Home# _____

Work# _____ Cell# _____

Parents/ Guardian Name#2 _____ Home# _____

Work# _____ Cell# _____

Please provide at least two authorized emergency contact persons:

Name	Phone 1	Phone 2	Relationship
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1. _____

2. _____

3. _____

Emergency Medical Authorization

Teen's Physician _____ Phone# _____

Please list any allergies your Teen has (including foods)

Please list any medications your Teen takes:

Informed Consent

In case of medical emergency, I will be called. If circumstances require, the YMCA staff will respond as necessary until the Rescue Squad arrives. If hospitalization is required, I give permission for my teen to be taken to the hospital and to be treated by a qualified physician. I agree to assume financial responsibility for such treatment.

I also give permission for my teen's photograph to be used in promotional materials and media for the Sussex County YMCA.

Parent/Guardian Signature _____ Date _____



**PLEASE ATTACH A COPY OF YOUR
TEEN'S IMMUNIZATION RECORD
TO THIS FORM.**

Sussex County YMCA
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