



YMCA OF THE EAST BAY HEALTH HISTORY FORM

Complete one form per child

PARTICIPANT'S INFORMATION

Child's Full Name

Gender _____ Age _____ Birthdate _____ Grade _____ Race/Ethnicity _____

Address _____

City _____ Zip _____ Home Phone _____

Parent/Guardian (1) Name

Birthdate _____ Race/Ethnicity _____

Employer _____ Occupation _____

Daytime Phone _____

Cell Phone _____

Email Address _____

Parent/Guardian (2) Name

Birthdate _____ Race/Ethnicity _____

Employer _____ Occupation _____

Daytime Phone _____

Cell Phone _____

Email Address _____

ADDITIONAL INFORMATION

Emergency Information

Authorized persons to be called in case of an emergency when parents cannot be reached:

Name	Phone	Relationship

Information Required By State Law

Health Insurance Company _____

Policy Number _____

Family Physician _____

Address _____ Phone _____

Family Dentist _____

Address _____ Phone _____

Tetanus Immunization Date _____

Health Record (Check applicable conditions or allergies)

- Ear infections Convulsions Rheumatic Fever Diabetes
- Insect Stings Poison Oak Hay Fever Penicillin
- Behavior Problems: _____

Other: _____

Operations, serious injuries, diseases, restrictions on physical activity: _____

Child Release Authorization

Persons authorized to pick-up child from the facility (parents must be listed below):

Name	Phone	Relationship

Persons NOT authorized to pick-up child from the facility:

Name	Phone	Relationship

Child in Custody of (Check one):

- Both parents Mother Father Other: _____

Child Lives with (Check one):

- Both parents Mother Father Other: _____

Parent/Guardian Authorization

This Health History is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by the YMCA to order x-rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. Recognizing that the YMCA will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release the YMCA from all responsibility and liability of any nature, including claims from injury, illness, death, loss or damage, resulting from my child's participation in program activities. Photos of my child may be used for promotional purposes. This form may be photocopied for use away from the main program site. I authorize the YMCA staff to apply sunscreen to my child's exposed skin, on an as-needed basis.

Parent/Guardian Signature _____ Date _____