

**YMCA CAMP ERDMAN**

69-385 Farrington Hwy., Waialua HI 96791

P(808) 637-4615 F(808) 637-8874

camperdman@ymcahonolulu.org**HEALTH EXAM****TO BE COMPLETED BY A LICENSED PHYSICIAN** if your camper has any of the following conditions in the past or present☐ Currently under Doctor's care ☐ Heart defect/disease ☐ Recent hospitalization ☐ Asthma ☐ Seizures ☐ Diabetes

Because of this camper's medical history, we have asked that your written authorization be provided prior to their attendance at YMCA Camp Erdman. Please realize that camp is held in an outdoor setting. The programs are very active with strenuous hiking, games, swimming, and activities. Horseback riding and Surfing are optional activities. Your careful consideration is appreciated.

CAMPER INFORMATION

LAST NAME	FIRST NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDAY (MM/DD/YY)	AGE AT CAMP
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PARENT/GUARDIAN INFORMATION – Applies to those with whom the camper legally resides. Non-custodial parent information is on registration form.

LAST NAME	FIRST NAME	WORK PHONE	CELL PHONE
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I have examined child named on this form within the past two years? ☐ YES ☐ NO Date examined:

Height	Weight	Blood Pressure
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After examining and my review of his/her health history, it is my opinion that this person is physically able to engage in camp activities, except as noted below

Is the applicant under the care of a physician for any conditions? ☐ YES ☐ NO If YES, please explain below.

Any specific activities to be encouraged or limited by physician's advice?

Any medically prescribed meal plan or dietary restrictions?

Any treatment or medication to be continued at camp (please give time, method, and quantity of doses)

Any Allergies? (foods, drugs, plants, insects, etc.)

Additional health information

LICENSED PHYSICIAN INFORMATION

PRINT NAME OF LICENSED PHYSICIAN	SIGNATURE OF LICENSED PHYSICIAN	DATE OF COMPLETION
Address		Phone

Send completed form by: **MAIL** YMCA Camp Erdman 69-385 Farrington Hwy., Waialua HI 96791 **EMAIL** camperdman@ymcahonolulu.org **FAX** (808) 637-8874