



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**PARTICIPANT/CHAPERONE MEDICAL FORM**  
**YMCA Camp Greenville**

NAME: _____	AGE: _____
SCHOOL/GROUP NAME: _____	
DATE OF BIRTH: _____	TRIP DATES: _____
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
EMAIL ADDRESS: _____	
PARENT/GUARDIAN NAME(S) if under 18: _____	
PHONE: HOME _____	CELL _____ OFFICE _____

Family Physician's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Recent, chronic, recurring illness: \_\_\_\_\_

Any allergies (insects, food, medications, etc.): \_\_\_\_\_

Special Diets: \_\_\_\_\_

Special activity restrictions or health concerns: \_\_\_\_\_

Current Medications	Purpose	Dosage	Times Given
_____			
_____			
_____			

If under 18, please put all medications in a zip lock bag and label with name and school/group.





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**The following information must be completed for anyone visiting YMCA Camp Greenville.**

**PHOTO RELEASE**

I give my permission for any photos or videos taken of my family or me during the outing at YMCA Camp Greenville to be used for the public relations program.

**MAILING LIST**

I give my permission for YMCA Camp Greenville to add me to their mailing list.

**LIABILITY**

I hereby release YMCA Camp Greenville and the Greater Greenville YMCA and their employees, volunteers, and chaperones, from any financial or legal responsibility that may result from this outing. To insure prompt attention in case of serious accident or illness, I hereby authorize the persons responsible to incur expense deemed necessary and agree to pay for the same, if they are not covered by a school/agency accident and sickness policy. Should the need arise; I give permission to the YMCA Camp Greenville to take me to a doctor or hospital for medical treatment. I also authorize an agency chaperone to execute any or all documents in my behalf, including necessary releases, which might be required by a medical facility to perform emergency care.

**MEDICAL AUTHORIZATION AND RELEASE**

Should I sustain or incur an accident or illness while attending YMCA Camp Greenville, I hereby authorize an agency official to execute any and all documents in my behalf, including necessary releases, which my be required by a medical facility to perform emergency care.

Telephone number of a parent or emergency contact that can be reached during the outing:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Second emergency contact:

Name and relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Participant (if over 18) or Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CAMP GREENVILLE**

PO Box 390, Cedar Mountain, NC 28178  
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