



CAMP HAZEN YMCA

Health Form Addendum

Thank you for taking the time to tell us of any physical disabilities, activity restrictions or behavioral, emotional or social challenges your child has. This information will be used to work with you to provide an optimal experience for your child.

Child's Name _____ **Birth Date** _____ **Today's Date** _____

My child has the following challenges which may adversely affect his or her camp experience:

- Vision
- Physical Dysfunction
- Auditory
- Emotional/Social
- Speech/language
- Behavior

Additional Information about above including recommendations:

During the past year, has the child listed above seen or is currently seeing a professional to address mental/emotional concerns? YES NO

If yes, please attach a statement from your child's professional (i.e. psychiatrist, physician, social worker) that addresses the following three things:

1. Describes the concern and the management plan (including medication) while in our program.
2. Describes the behaviors that will indicate to our staff that your child needs a professional referral.
3. Provides a recommendation for the child's participation in camp.

Name and Title of Professional Provider _____

Phone _____ **Cell Phone** _____

Fax _____

Address _____

Parent/Guardian Information
Printed Name _____
Relationship to child _____
Address _____
Town/State/Zip _____

Phone _____

**Please send to camp
by May 1.**