



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

## 2016 YMCA CAMP ZEHNDER Camper Health History Record Camp Season 2016

Physician signature NOT required on this health form, however a copy of updated immunization records is required by New Jersey State Law. Please attach immunization records to this form.

Camper's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Sex: M  F   
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Parent 1/Guardian Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Parent 2/Guardian Name: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

### MEDICAL HISTORY OF PAST/PRESENT DISEASE/ILLNESS:

Yes	No	Year	Yes	No	Year
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### AUTHORIZATION:

To the best of my knowledge, history is complete and accurate. I know of no reason to restrict applicant's activity, and give my permission for participation in all activities except as specifically noted herein. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for camper as named above.

### I HAVE READ AND UNDERSTAND THE POLICIES AND PROCEDURES OF THE COMMUNITY YMCA CAMP ZEHNDER.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE COMMUNITY YMCA**  
**Camp Zehnder**  
 3911 Herbertsville Road  
 Wall, NJ 08724  
 P. 732.836.9177

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**TheCommunityYMCA.org**  
 SummerFun@cymca.org  


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**Here for all.**  
 Financial assistance is offered based on availability of funds.

116-2698-CZ