



Metuchen YMCA
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FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

HEALTH HISTORY FORM

(REQUIRED FOR ALL CHILD CARE PARTICIPANTS)

Name of Participant _____ Birth Date _____
 Home Address _____ Town _____ Zip _____
 M F Age _____ Grade entering in Sept: _____
 Parent/Guardian Name _____ Work Phone: _____
 Home #: _____ Cell: _____
 Parent/Guardian Name _____ Work Phone: _____
 Home #: _____ Cell: _____

Childcare Program Camp Munsee Camp Lenape SACC Other _____

If not available in an emergency, please notify:

Name _____ Daytime Phone _____

HEALTH HISTORY

THIS SECTION MUST BE COMPLETED BY A PARENT/GUARDIAN AND/OR PHYSICIAN.
 PLEASE ATTACH A CURRENT COPY OF YOUR CHILD'S RECORD OF IMMUNIZATION.

Allergies (please list)

Treatment

Dietary modifications _____
 Disabilities _____
 Chronic/recurring illnesses _____
 Current medications _____
 Activity limitations _____
 Any other known physical or mental conditions _____

Name of physician _____ Phone (_____) _____
 Date of last physical examination _____

This Health History is correct, so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. _____

PARENT/GUARDIAN INITIAL

Emergency Authorization: I hereby give permission to medical personnel to order X-rays, routine tests, and treatment for me/my child.

 SIGNATURE OF PARTICIPANT (PARENT/GUARDIAN IF UNDER 18 YRS.)

 DATE

THIS FORM MUST BE NOTARIZED.

State of _____

County of _____

Subscribed and Sworn to before me
 on _____, 20____, by

 (APPLICANT'S NAME)

Notary Signature		Date	NOTARY PLACE STAMP HERE
My Commission Expires:			
Date			