



MERIDEN YMCA

MOUNTAIN MIST OUTDOOR CENTER

DAY CAMP

MEDICAL FORM

Child's Name: _____ Gender: Male Female

Date of Birth: _____ Grade (as of 1/08): _____ Age: _____

Address: _____

City, State, Zip Code: _____

Parent/Guardian name: _____

Address (City, State & Zip Code): _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Relationship to camper: _____

Parent/Guardian name: _____

Address (City, State & Zip Code): _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Relationship to camper: _____

EMERGENCY CONTACT/APPROVED PICK UP LIST (PLEASE DO NOT LIST PARENTS AGAIN):

Name: _____ Relationship to camper: _____

Home Phone: () _____ Work Phone () _____ Cell Phone () _____

Name: _____ Relationship to camper: _____

Home Phone: () _____ Work Phone () _____ Cell Phone () _____

Code Word _____ (this is required for anyone picking up the child)

The code word and pick up list should be the same on all forms.

Activity Restriction Information: _____

Behavior Information: _____

Medical Information: _____