



PARTICIPANT INFORMATION FORM

Participant Name _____
Last First Middle Initial

Home Address _____
Street and Number City State/Province Zip/Postal

Birth Date _____ **Age** _____ **Gender** _____ **(for housing/rooming consideration only)**

Primary Emergency Contact _____
Last First Middle Initial

Home Address _____
Street and Number City State/Province Zip/Postal

Phone Number: _____

Secondary Emergency Contact _____
Last First Middle Initial

Phone Number: _____

Authorized Pick-up Persons (if different than Emergency Contacts listed above)

1. **Name:** _____ **Phone:** _____ **Relationship to Child:** _____

2. **Name:** _____ **Phone:** _____ **Relationship to Child:** _____

Name of Physician _____ **Phone** _____
Last First Middle Initial

Address _____
Street and Number City State/Province Zip/Postal

I have had a physical within the last 24 months.

Medical Insurance Company _____ **Policy No.** _____

Address _____
Street and Number City State/Province Zip/Postal

Allergies:
Check those that apply and specify nature of allergic reaction:

None Animals Environmental Medication Food Insects Latex Other

Specify: _____

Non-Prescription Medications: *The following non-prescription medications may be used on an **as needed basis** to manage illness and injury. Please indicate below which medications the participant may **NOT** receive. These non-prescription medications will be administered by YFC staff according to manufacturer's labeled dosages unless a written statement (prescription) from participant's health-care provider authorizes a different dosage.*

Cross out medications a camper should NOT have:

<input type="checkbox"/> Acetaminophen (i.e. Tylenol)	<input type="checkbox"/> Cough Drops
<input type="checkbox"/> Aloe Vera Gel	<input type="checkbox"/> Hydrocortisone 1%//Anti-Itch Cream (i.e. Benadryl cream)
<input type="checkbox"/> Antacid (i.e. Tums)	<input type="checkbox"/> Ibuprofen (i.e. Advil)
<input type="checkbox"/> Antiseptic Wipes (Benzalkonium Chloride)	<input type="checkbox"/> Loperamide HCl (i.e. Imodium AD)
<input type="checkbox"/> Bacitracin/Triple Antibiotic Ointment	<input type="checkbox"/> Loratidine (i.e. Claritin)
<input type="checkbox"/> Calamine lotion	<input type="checkbox"/> Menstrual relief (i.e. Midol)
<input type="checkbox"/> Diphenhydramine oral tablet (i.e. Benadryl)	<input type="checkbox"/> Sunscreen Lotion
	<input type="checkbox"/> Vosol Ear Drop (i.e. Swim Ear)

Medication Administration Instructions: "If medicine is present during YFC activities, that medicine must have written instructions present with it during the activity from a doctor, parent, or legal guardian."

Any medication, prescription or over-the-counter, brought to an YFC activity must have written medical instructions and dosage information from a physician, parent or legal guardian. All medications must be in the original container when issued.

Please use this space to describe all details of dosing and administering of the prescription, non-prescription medications, nutritional supplements participant is bringing with them, as well as any drug interactions that you are aware of with these medications prescriptions.

MEDICATION	TIME OF DAY	WITH FOOD?	THINGS TO CONSIDER?
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Please provide in the space below any additional information about your participant's health that you think important or that may affect their ability to participate in YFC activities.