

## **CAMP HAZEN YMCA**

## **HEALTH HISTORY & EMERGENCY TREATMENT AUTHORIZATION**

204 West Main St, Chester, CT 06412 Tel: (860) 526 9529 Fax: (860) 526 9520

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|--|---|--|--|--|--|
| E-mail:  |   |  |  | Phone:   |  |
| Address: —   |   |  | City:  | State:   | Zip:   |
| Medical Insur  | ance Polic  | cy No.:  |  |  |  |
| Insurance Co   | mpany:  |  |  |  |  |
| Name of Insu   | red:  |  |  |  |  |
| IN CASE OF F   | MERGEN  | CY - While at Camp Hazen YMC   | A. nlease contact:   |  |  |
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|  |   | pant <u>:</u>  |  |  |  |
| Keiationsinp   | to particip   | Janit <u>:</u>   |  |  |  |
| □ YES  | <b>□</b> N0   | Any pre-existing injuries (ankles,   | knees, back, etc) that migh  | it be aggravated by  | this event?  |
| □ YES  |   |  |  |  |  |
| ☐ YES  |   |  |  |  |  |
| ☐ YES<br>☐ YES   | <b>□</b> N0   | Do you have high blood pressure<br>Do you have any allergies (food,  |  | medications or phy   | eical limitatione?   |
| D YES  | □N0<br>□N0  | Do you have any allergies (rood,  Do you foresee any problem partic  |  |  |  |
| If you angue   |   |  |  |  | . ,  |
| please give  |   | to any of the questions above,   | DIETARY REQUIREMENTS:  DYES DNO Are you a vegetarian?  |  |  |
| please give  | Jetalis Dei   | low:   | _ YES DNO  |  | ctions/food allerg   |
|  |   |  | Details:   | •  | _  |
|  |   |  |  |  |  |
|  |   |  | _  |  |  |
| Signature of Participant*:   |   |  |  | Date:  |  |
|  |   | 18, their parent or guardian must also sign b  |  | _  |  |
| Signature of   | Parent/G  | uardian:   |  | Date:  |  |
|  |   |  |  |  |  |
|  |   | INFORMED CONSEI  | NT/LIABILITY REI   | EASE   |  |
| • Lam aware  | and under   | INFORMED CONSE   |  |  | ower High Rones  |
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