

Cheshire YMCA Developmental Travel Medical Information

(to be filled out by every student's parent or legal guardian & brought to the next meeting)

Personal Information:

Group Letter: _____

Student's Name:	Student's date of Birth:
Home Address:	Home Phone Number:
Father's Name:	Mother's Name:
Father's Address: (if different from home address)	Mother's Address: (if different from home address)
Father's Employer:	Mother's Employer:
Work Phone Number:	Work Phone Number:
Cell Phone Number:	Cell Phone Number:

Insurance Information:

Do you carry Medical/Health Insurance? Yes No

If so, indicate Carrier: _____ Policy or Group #: _____

Name of Insurance Subscriber (Father/Mother, etc): _____

Medical Information: (Check all that apply)

Health History (Give Approximate Dates)	Allergies
None of the Below Ailments Apply	No Allergies Known
Frequent Ear Infections	Hay Fever
Heart Defect/Disease	Poison Ivy/Oak, etc.
History of Seizures/Epilepsy, Black outs	Insect Stings Allergies
Diabetes	Penicillin/Amoxicillin
Bleeding/Clotting Disorder	Other Medication or Antibiotic Allergies
Hypertension	List/Type:
Recent Bed Wetting	Food Allergies: <input type="checkbox"/> Peanut <input type="checkbox"/> Other Nuts (list)
Neck/Back Pain/Injury	<input type="checkbox"/> Corn <input type="checkbox"/> Dairy <input type="checkbox"/> Other
Recent Mononucleosis	List All/Any Other Food Allergies:
Motion Sickness	
Sleepwalking	Asthma: <input type="checkbox"/> Yes <input type="checkbox"/> No
Cramps/Months of difficulties	Does your student use an inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No
Headache/Migraines	What type of inhaler?
ADD/ADHD	Will your student bring an inhaler on tour?
Depression/Anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Other Recent Serious Injuries/Hospitalizations (not listed above):	Is your student a vegetarian? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, what type?

Please explain any dietary restrictions or special diets: _____

Name of dentist/orthodontist: _____ Phone #: _____

Name of family physician: _____ Phone #: _____

Last Tetanus immunization Date: _____

Over The Counter Medications:

While we are on tour, we bring the following over the counter stock medications. If you wish to give permission for your student to be medicated if needed while on tour, please check any boxes that would apply:

Medication		Medication	
All medications listed as needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough Syrup	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dramamine or generic equivalent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ibuprofen / Advil / Motrin (pain, fever)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acetaminophen / Tylenol (pain, fever)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pepto-Bismol	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tums/Chewable antacid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sudafed or generic equivalent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anti-diarrheal / Imodium	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough drops	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sore throat lozenges	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Benadryl or generic equivalent (allergy)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Please List All Current Medications Your Student Will Be Taking While On Tour:

Medication	Directions
Any Additional Comments or Pertinent Medical Information:	

Emergency Information: (to be contacted if parents/guardians are unavailable)

Please provide full name, full address [street/town/phone number (area code and 7 digit #)] and relationship with student

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Student's Health/Accident Responsibility For Travelers

Safety, health consciousness, and accident prevention are constant concerns of the staff of this YMCA Travel Programs....but accidents do periodically occur and participants periodically become ill, on tour as well as at home. As nearly all the families who participate in this YMCA's travel Program carry their own Health and Accident Insurance (i.e. BC/BS) and when billed by hospitals, clinics or medical doctors, each family covers these responsibilities, it is wasteful for this YMCA to duplicate family coverage and pass on additional expense. Whatever coverage we previously carried has had low limits, disclaimers and exclusions so that coverage was minimal compared to Individual Family Plans. Accordingly,

THE CHESHIRE YMCA DOES NOT CARRY ACCIDENT/ILLNESS/DEATH OR DISMEMBERMENT INSURANCE ON ANY OF ITS TRAVELERS IN YMCA TRAVEL PROGRAMS. IT IS THIS YMCA'S POSITION THAT EACH TRAVELER'S HEALTH IS THEIR OWN RESPONSIBILITY OR THAT OF HIS/HER RESPECTIVE FAMILY.

If a family self-insures or does not have any medical coverage, they recognize that we do not carry health and accident insurance and they recognize that each participant's medical expenses are their family's responsibility should such expenses be incurred.

As parent/guardian of the student on this form, I have read and understand the program information and the health/accident policy. In case of emergency, I hereby give my permission for emergency care and treatment.

Parent/Guardian Signature