

For Office Use Only

Camper's Last Name: _____ Session # / Dates: _____ Cabin/Unit: _____



Resident Camp Health Form For General, Spoons, and Minis

*Completed form must be received before or on the start of your child's camp session

Please type or print clearly, using ballpoint pen (no felt pens, please).

The information on this form is not part of the camper or staff acceptance process, but is gathered in an effort to assist us in identifying appropriate care, when needed. The Health History Form must be filled out by the parents/guardians of minors or by adults themselves. An updated Health History Form is required annually.

Camper's Name: _____ Birth Date: _____ Age: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Parent or Legal Guardian's Name: _____

Daytime Phone: _____ Cell: _____ Evening Phone: _____

Second Parent or Legal Guardian's Name: _____

Daytime Phone: _____ Cell: _____ Evening Phone: _____

Emergency Contacts (in the event of an emergency, if neither parent/guardian is available. The child must be able to be released to this person)

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Health History: Check all applicable boxes and provide dates of condition(s). Attach extra sheets with additional information and/or protocols for treatments as needed.

The following information must be filled out by the parent/guardian of minors or by the adult staff member. The intent for collecting the below information is to provide the camp healthcare personnel with a background needed to provide appropriate care. Please keep a copy of this form for your records. If changes need to be made to this form, please provide all updated information upon check-in for camp. Please provide complete information so the camp health personal will be aware of your needs.

Heart defect/disease _____

Therapy/Counseling _____

Asthma _____

ADD/ADHD _____

Diabetes _____

Mumps _____

Bedwetting _____

Sleepwalking _____

Back Problems _____

Mononucleosis _____

Wears glasses/contacts _____

Head Injuries _____

Eating disorder _____

Uses orthodontic appliance _____

Surgeries or recent illnesses _____

Recent head lice _____

Convulsions/seizures _____

Chicken pox _____

Psychiatric treatment _____

Ear infections _____

Hypertension/high blood pressure _____

Measles _____

Bleeding/clotting disorder _____

Skin conditions _____

Joint problems _____

Problems with diarrhea/constipation _____

Frequent headaches _____

Unconsciousness/passed out _____

Chest pain during or after exercise _____

Hepatitis A, B or C _____

Chronic or recurring illnesses _____

Other (explain) _____

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are needed): _____

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Allergies: Please be as specific (e.g. contact allergy) where applicable and describe reaction (e.g. swelling or rash)

Food (please specify) _____

Poison Oak _____

Penicillin _____

Other Medications _____

Hay Fever _____

Insect Stings/bites _____ Has child ever been stung by a bee? Yes No

Other (please describe) _____

Dietary Restrictions: Please be as specific as possible so we can offer alternatives when possible, if alternatives are hard to determine parents/guardians may be asked to furnish required foods.

Does not eat red meat

Does not eat poultry

Does not eat seafood

Does not eat pork

Does not eat eggs

Does not eat dairy products

Other (please describe) _____

Please use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

Medications: Please list all medications (including over-the counter or nonprescription drugs taken on a routine basis) that you are sending with your child to camp. Medications must be in **ORIGINAL CONTAINERS** (if a prescription medication, child's name must be listed on the bottle) with specific instructions for proper dispensing. Send enough medication to last the entire length of camp. Over-the-counter and nonprescription drugs need to be labeled with camper's name. Any medications sent to camp without written instructions will not be administered to the camper. Attach additional pages as needed.

This person takes NO medications on a routine basis **AND** NO medications have been sent to camp with this person.

This person takes medications as follows:

Medication: _____ Used for: _____

Amount/dosage: _____ Time Taken: _____

Medication: _____ Used for: _____

Amount/dosage: _____ Time Taken: _____

Medication: _____ Used for: _____

Amount/dosage: _____ Time Taken: _____

Medication: _____ Used for: _____

Amount/dosage: _____ Time Taken: _____

Please identify any medications taken during the school year that child does/may not take during the summer: _____

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Treatment: During your child's stay at YMCA resident camp it is possible that they may experience some minor health issues, below is a list of basic over-the-counter medications that upon parent/guardian approval may be used to treat these minor health issues. We stock the below items and you need not send them with your child to camp (when available we use the generic form of the name brands listed). Please indicate if your child may receive the recommended dosage for his/her age by placing a check mark in the box located before the medication. Persistent conditions or those needing a physician's care will be referred to the parent/guardian.

- | | |
|--|--|
| <input type="checkbox"/> Sunburn relief spray/cream (Solarcaine, Bactine, Aloe Vera) | <input type="checkbox"/> Ibuprofen (Advil) |
| <input type="checkbox"/> Antiseptic ointments (Bacitricin, Neosporin) | <input type="checkbox"/> Acetaminophen (Tylenol) |
| <input type="checkbox"/> Ear drops (for water in ears, wax build-up) | <input type="checkbox"/> Cough Drops (Vicks, Chloraseptic) |
| <input type="checkbox"/> Cough syrup (Robitussin, Vicks, Dimetapp) | <input type="checkbox"/> Decongestant (Sudafed) |
| <input type="checkbox"/> Anti-emesis (controls vomiting) | <input type="checkbox"/> Antihistamine (Benadryl) |
| <input type="checkbox"/> Sore throat spray (Chloraseptic) | <input type="checkbox"/> Burn Gel (Aloe Vera) |
| <input type="checkbox"/> Milk of Magnesia (for constipation) | <input type="checkbox"/> Antacids (Tums, Maalox) |
| <input type="checkbox"/> Anti-Diarrheal (Kaopectate, Imodium AD) | <input type="checkbox"/> Sting-Ease (for insect bites) |
| <input type="checkbox"/> Calamine/Caladryl Lotion (for insect bites, poison oak reactions) | <input type="checkbox"/> Tampons (female campers only) |
| <input type="checkbox"/> Glucose (for diabetic emergency) | <input type="checkbox"/> Anti-fungal powder, spray, cream (Tinactin) |

Female Campers Only: If your camper has not started menstruating and begins at camp, what is your preference for explaining, teaching, and talking with your daughter? _____

Insurance Information: If you carry family insurance, please complete this section.

Policy or Group Number: _____ Name of Carrier: _____
Phone of Carrier: _____
Name of Insured: _____ Relationship: _____

Family Medical Professionals:

Name of Doctor: _____ Phone: _____
Name of Dentist: _____ Phone: _____
Name of Orthodontist: _____ Phone: _____
Name of Specialist: _____ Phone: _____

RELEASE, WAIVER AND INDEMNITY AGREEMENT: I understand that the YMCA assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation in any YMCA activity. I hereby (and on behalf of my children) release, discharge and agree not to sue the YMCA, its employees, officers, or directors for any and all claims for injury, illness, death, loss or damage that I may suffer as a result of my participation. I agree that I will cooperate and conform to the directions and instructions of the YMCA staff and volunteers. I hereby give the YMCA permission to use their judgment in obtaining medical service for myself and/or my child. I give permission to the physician selected by the YMCA personnel to render medical treatment deemed necessary and appropriate. Payment of any resulting medical, hospital or related costs and expenses must be paid by my insurance or available benefit plan of mine or my spouse. I have read and understand this Release, Waiver and Indemnity Agreement.

I authorize the YMCA to have & use photographs, slides, and/or videotapes of the applicant as may be needed for its public relations programs.

- Check here if you do not want your child's image used in promotional materials

Signature: _____ **Date:** _____