

YMCA Camp Horseshoe

3309 Horseshoe Run Rd • Parsons, WV 26287-9029 • (304) 478-2481 • www.hi-y.org
Health History for Summer Camp Campers and Staff

All signatures must be completed in ink.
Do not fax or email.

Today's Date: _____ Staff Teen Entrepreneurship
 Sr. HI-Y Leadership Jr. HI-Y Leadership
Dates Attending: _____ Adventure Camp YOC Camp

Camper's Name: _____ Gender: Male; Female
Last First Initial

Home Address _____
City _____ State _____ Zip Code _____ Age at camp: _____ Birth date: _____

1st Parent/Guardian's Name	Home Phone	Work phone	Cell Phone
_____	_____	_____	_____
2nd Parent/Guardian's Name	Home Phone	Work phone	Cell Phone
_____	_____	_____	_____

Will custodial parent(s) be away from home during camp week? Yes (contact camp); No; adult participant, (not applicable).

If custodial parent(s)/guardian cannot be reached, notify: _____ Relationship: _____

Phone: (_____) _____ Cell Phone: (_____) _____

Note: Emergency contacts will usually be called in cases of: persistent fever of 101+; contagious illness; head lice; health center stay over 24 hours; injury/illness requiring care beyond our health center. You will also be contacted in cases of exceptional discipline or homesick situations.

Allergies: No known allergies. This camper is allergic to Food Medicine The environment (insect stings, hay fever, etc)

Please describe below what the camper is allergic to and the reaction seen:

Diet, Nutrition: Camper eats a regular diet; Camper eats a vegetarian diet (describe below); Camper is Lactose Intolerant

Camper has special food needs

Please describe any special needs/restrictions below, we must have Dr. statement:

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Y N Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?
2. Y N Ever been treated for emotional or behavioral difficulties or an eating disorder?
3. Y N During the past 12 months, seen a professional to address mental/emotional health concerns?
4. Y N Had a significant life event that continues to affect the camper's life? (history of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others?)

General Health History Explain "Yes" answers below:

Y N Ear Infections?; Frequency: _____	Y N Skin Problems? _____	Y N Seizures? _____
Y N Recurrent/chronic illnesses? _____	Y N Diabetes? _____	Y N Asthma?: _____ inhaler?; _____ Nebulizer?
Y N Problems with Diarrhea/constipation? _____	Y N Sleepwalking/sleep concerns? _____	Y N Bedwetting? _____
Y N Recent injury? _____	Y N Ever been hospitalized? _____	Y N Headaches/Migraines?; Frequency: _____
Y N Fears/Phobias? _____	Y N Had surgery? _____	_____
Y N Recent infectious disease? _____	Y N Any current health conditions? _____	_____
Y N Any hearing, cognitive, musculo-skeletal, neurological impairments: _____	_____	

I have reviewed the program and activities of the camp and feel the camper can participate without restriction; with restriction.

Comments:

Staff Use Only

Y N Signs/symptoms of illness or injury upon arrival?

Y N Exposed to Communicable diseases in last 3 weeks? _____

Reviewer's Initials

Y N Has Medications?

Y N Additions/corrections to Health History

Notes/Comments:

Session's):

Last Name, First Name:

Prescription Medications (must be in original container from pharmacy. Bring only enough for camp stay. All medication, including over the counter, vitamins and natural remedies must be checked into the health center.)

Attach additional page as needed: Takes no medications on routine basis
Name(s) of medications: _____
Dosages given: _____
Times to be given (usually given at breakfast, lunch, 4:00, dinner or bedtime): _____
Duration of treatment: _____
Reason for taking: _____
Any other medications child takes during the school year, but not used for camp? (list) _____

Nonprescription Medications (must be in original container) Takes no medications on routine basis
Nonprescription taken now: _____
Dosage, specific times taken each day: _____
Reason for taking & any special instructions (attach additional sheet as needed): _____

Immunization History: (List most recent applicable dated, Mo/Yr)

_____ DTaP/Tdap/Tetanus	_____ MMR (or individually)	_____ Varicella (chicken pox),	Had Chicken Pox? Y N
_____ Hepatitis B	_____ Hepatitis A	_____ Haemophilus influenza B	
_____ Pneumococcal (PCV)	_____ Polio (IPV)	_____ Meningococcal meningitis	

Camper's Physician: _____ () _____ Dentist/Orthodontist: _____ () _____
Date of last physical examination: _____ All participants must have had a physical in the last 24 months.

Camper is covered by family medical/hospital insurance or medical card? *yes; no Insurance Co. _____
ID# _____ Group # _____; Insurance Co. phone number (s): _____
Insurance Coverage Subscriber Name (Policy Holder) _____ Birth date of Policy Holder: _____
Company address for claims: _____

***If yes, you MUST INCLUDE a copy (both sides) of the most recent insurance/medical card. Please attach it to this form.**

**THE YMCA DOES NOT PROVIDE ACCIDENT/HEALTH INSURANCE.
Please attach a copy (both sides) of your health insurance card (required by our Doctor's Office).**

↓ IMPORTANT—THIS BOX MUST BE COMPLETED FOR ATTENDANCE ↓

I _____ the parent/guardian of _____

Give the YMCA permission to:

1. Dispense _____ Ibuprofen or, _____ Acetaminophen (Tylenol) to camper (check preference). Dosage: _____
2. Dispense medication(s) brought to Camp by parent/guardian or prescribed by a physician while in attendance.
3. Without limitation, or obligation, any and all media, including photographs, film footage, or tape recordings, which may include my or my child's image or voice for purposes of art, advertising, education, or promotion, or for any other purpose consistent with the YMCA Mission, and release the camp from any claim or liability to that use. The images become the exclusive property of the YMCA. I waive all rights to inspect &/or approve any text that may be used in conjunction with the media and the use to which it may be applied.
4. Agree to hold harmless the YMCA, its agents, and employees for all claims alleging bodily injury or property damage occurring while the undersigned is a participant at a YMCA sponsored activity on or off the YMCA premises.
5. Give permission for the YMCA to transport the camper as needed.
6. Give permission, as necessary, to search a camper's belongings when the health, well-being, or safety of the camper or others require it.

I support my child's application and participation in this program at YMCA Camp Horseshoe. I certify that my child is amenable to discipline and is free from habits or attitudes that would make him/her an undesirable camper.

Permission to Provide Necessary Treatment or Emergency Care: This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the staff about my child's health status.

Signature of parent or guardian or adult camper/staff _____ **Date:** _____

This form must be signed in ink. *Your child will be treated in the event of life-threatening conditions.* All reasonable means to contact the parents will be made.