



Camper Name: _____
 Date of Birth: _____
 Session (s): _____
 Session Dates: _____

YMCA CAMP ST. CROIX

Overnight Camper Personal History 2017

Cabin (office use) _____

While we collect most of the personal information that we need during registration, there are a few things that we like to confirm or learn about on the first day of camp. **Please fill out both sides of this form and bring it with your camper on check-in day.** The other two forms you may need on the day of check-in are the Camp Store Form and the Medications Release Form.

Family Contact Information:

Parent/Guardian: _____ Primary Phone: _____
 Address: _____

Second Parent/Guardian: _____ Primary Phone: _____
 Address: _____

Camper Health Information

Name of Insurance Provider: _____
 Policy Number: _____ Insured Name: _____
 Insured's Birth Date: _____

Medical conditions

Does your camper have any medical concerns that we should be aware of?

Allergies and dietary restrictions

Does your camper have allergies to foods, animals, insects or drugs or have a restricted diet that we should be aware of?

Medical treatment

Has your camper received recent medical treatment that we should be aware of?

Restricted Activities

Are there any camp activities from which your camper should be restricted for medical reasons?

Treatment at Camp St. Croix: Camp St. Croix has a registered nurse on premises at all times and a supervising physician who reviews our treatment standards. As part of routine treatment our health staff may use common medications such as, but not limited to, Tylenol, Benadryl, Pepto Bismol, Neosporin, Ibuprofen, Calamine lotion, Chloraseptic and cough drops. Please explain here if we should not give your camper one or more of these medications.

Medication from home: Please fill out a St. Croix Medication Release Form if you will be sending prescription or non-prescription medications to camp with your camper.

Camper Physical

A physical is suggested but not required for camp attendance. If your camper receives a physical that reveals information that may be of use to the camp health staff in case of treatment, please attach the physicians report to this form.



Camper Personal and Social Information

Do you anticipate your camper having any personal or social challenges while at camp? If so, why?

Has your camper received a social or psychiatric diagnosis such as ADD/ADHD, depression, OCD, or autism?

Explain: _____

In what ways can St. Croix staff support your camper in:

being away from home: _____

making friends: _____

expressing emotions: _____

Is there anything else that St. Croix counselors and medical staff should know about your camper?

Parent's Authorization

This personal history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by the YMCA to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. We recognize that the participant must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies will be cause for participant's dismissal without refund of fees. Photos or video of my child may be used for promotional purposes. This form may be photocopied for use away from the main program site. I authorize the YMCA staff to apply sunscreen to my child's exposed skin, on an as-needed basis.

X) Parent/Guardian Signature: _____ **Date:** _____

Memo of Understanding

To be read, understood and signed by Camper and Parent

In order to provide the best possible camp experience for everyone, there are certain rules and policies that have been established for the health and safety of all involved.

1. The camper agrees to abide by the rules and regulations set by the camp for the health, safety and welfare of all campers.
2. Campers are not allowed to smoke, chew tobacco, or possess any smoking materials, alcohol or illegal drugs.
3. All medications/prescribed drugs must be kept in the Health Cottage under the control of the Health Supervisor.
4. Campers are not to possess or use firecrackers or explosives, Campers may not possess weapons of any kind.
5. Willful destruction of property will be the financial responsibility of the camper's parent.
6. Campers may not leave camp property or established boundaries without YMCA staff permission.
7. Continued inappropriate behavior, including threatening, swearing, not following directions, teasing, sexual harassment/intimidation and improper behavior in transportation vehicles, may result in IMMEDIATE DISMISSAL FROM CAMP WITH NO REFUND.
8. The YMCA is not responsible for articles of clothing or personal belongings lost or damaged.

We reserve the right and WILL send ANYONE home (at parents' expense and liability) who violates these rules. It is the responsibility of the parent/guardian to pick up or arrange transportation home for the camper. The camp administration reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary.

I have read, understood and will abide by the rules as stated above throughout my stay at camp.

X) Camper's Signature: _____ **Date:** _____