



Camper Name: \_\_\_\_\_

Session (s): \_\_\_\_\_

Session Dates: \_\_\_\_\_

# YMCA CAMP ICAGHOWAN

## Health History Form Summer 2017

Return By June 1st to : YMCA CAMP ICAGHOWAN, 2125 E. Hennepin Avenue Minneapolis, MN 55413-1763  
[P] 612.822.2267 [F] 612.223.6322

The Health History must be completed by the parent/guardian. Please provide complete information so we can do our best with your child. **Keep a copy of the completed form for your records** and note changes that occur and inform the Program Director of changes via written notification.

**Camper Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Gender: M F Age: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent Contact Information:** We will call in an emergency or if we have questions about your child's health. Provide contact information for yourself, as well as two other people should we be unable to reach you.

**Parent Contact:** \_\_\_\_\_ Relation to Camper: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Second Contact:** \_\_\_\_\_ Relation to Camper: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**If not available in an emergency, notify:**

Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Other Contact Information:**

Name of Physician or Nurse Practitioner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of Dentist/Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorized Pick Up**

The following people are NOT authorized or allowed to pick up my child from the YMCA bus stop or from camp:

**Parent/Guardian Authorization:** This health history is correct and current (including immunization record) as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

**Emergency Authorization:** I authorize the YMCA staff to give reasonable First Aid, and to arrange to transport my child to a health care facility for emergency services as needed. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers and this form may be photocopied for use outside of camp.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent/Guardian of Minor Child)

**Signature of Minor Child:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Billing Information for Health Care:** There is no charge for health care received from the provider at camp. If out-of-camp care is needed, the parent/guardian is responsible for all expenses incurred.

Do you carry family medical insurance?    Yes    No    If yes, attach a photocopy of insurance card to this form.

Name of Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insured Name: \_\_\_\_\_ Insured's Birth Date: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**Dietary Modifications or Restrictions:** (ie Gluten Free, Dairy Free) \_\_\_\_\_

**Allergies:** (Check those which apply to this camper)

\_\_\_ This camper has no known allergies.

\_\_\_ This camper is allergic to the following food (s): \_\_\_\_\_

Describe the reaction and what is done to manage it:  
\_\_\_\_\_

\_\_\_ This camper is allergic to the following medication (s): \_\_\_\_\_

Describe the reaction and what is done to manage it:  
\_\_\_\_\_

\_\_\_ This camper is allergic to these substances (bee stings, grasses, etc.): \_\_\_\_\_

Describe the reaction and what is done to manage it:  
\_\_\_\_\_

**Record of Past Medical Treatment**

**Chronic Concerns:** Check all that pertain to this camper and provide additional information.

\_\_\_ Asthma

\_\_\_ Convulsions/Epilepsy

\_\_\_ Bed Wetting

\_\_\_ Diabetes

\_\_\_ Hypertension

\_\_\_ Sleep Disorder

\_\_\_ Frequent ear infections

\_\_\_ Bleeding/clotting disorders

\_\_\_ Eating Disorder

\_\_\_ Heart defect/disease

\_\_\_ Surgeries

\_\_\_ Other

Provide information about supportive health care needed for each checked item (i.e. normal peak flow, normal blood sugar, etc.):  
\_\_\_\_\_

Does the camper have any recent history of illness, injury or surgery that would affect participation?

Yes

No

If yes, please explain: \_\_\_\_\_

Description of any camp activities from which the camper should be exempted for health reasons:  
\_\_\_\_\_

For female campers: Has this person menstruated?    Yes    No

If yes, is her menstrual history normal?    Yes    No

If not, has she been told about it?    Yes    No

**Immunization History:** Please provide month, date and year of most recent immunizations or attach Immunization Record.

Tetanus \_\_\_\_\_ DPT \_\_\_\_\_ Measles \_\_\_\_\_ Rubella \_\_\_\_\_ Polio \_\_\_\_\_ Mumps \_\_\_\_\_ HIB \_\_\_\_\_



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**Mental and Emotional Health:** Circle "Yes" or "No" for each statement.

|   |     |    |
|---|-----|----|
| This camper has been diagnosed with Attention Deficit Disorder (ADD) or AD/HD.  | Yes | No |
| This camper has psychiatric diagnosis such as depression, OCD, panic/anxiety disorder.  | Yes | No |
| This camper has an emotional health concern (specify _____).  | Yes | No |
| This camper has a learning disability (specify _____).  | Yes | No |
| This camper has a developmental disorder, such as Asperger's Syndrome, Autism.<br>Please specify _____                          | Yes | No |
| This camper has seen or is currently seeing a professional to address<br>mental/emotional health concern.                       | Yes | No |
| Is your child currently receiving any specialized services from their school district?<br>(speech therapy, resource room, etc). | Yes | No |
| Would you like your child to be considered for additional support while they are<br>at Camp Icaghowan?                          | Yes | No |

If "yes" was the answer to any question in this section, please attach a separate sheet of paper with more information or a statement from your Physician or Psychiatrist which:

- a) Describes the concern and the camper's management plan (including medications) while in our program;
- b) Describes the behaviors which would indicate to our staff that your camper needs professional referral;
- c) Provides a recommendation for participation in the YMCA Camp Icaghowan program.

**Medication:** Please list all medication (prescription and over the counter\* see below) that will be sent to camp with your child. All medication will be collected by the Camp Health Care Provider and will be kept in the camp Health Service Building. A Doctor's signature is not required for prescription medication if the medication is sent in the original container with all information clearly displayed. Send enough daily medication to last the entire session. Please attach a separate sheet if necessary.

**Please list prescription and over the counter medications separately:**

**Medication:** \_\_\_\_\_ Reason for taking: \_\_\_\_\_  
 Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Possible side effects, if any: \_\_\_\_\_

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 Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Possible side effects, if any: \_\_\_\_\_

**\*Over the Counter Medication:**

**Attention Parents!** We don't accept over the counter medications at camp. We will be providing the following medications through our Healthcare Center. If your child uses an over the counter medication that is not listed here you may send the amount they will need for their stay at camp in its original container.

**Over the Counter Medications Provided by Camp:**

Acetaminophen (similar to Tylenol) swallowable and chewable; Ibuprofen (similar to Motrin, Advil) swallowable and chewable; Throat Lozenges; Antihistamine (similar to Benadryl) swallowable and chewable; Calamine, Caladryl or anti-itch; Antibiotic Ointment (similar to Polysporin or Neosporin); Hydrocortisone Cream; Antacid (similar to Tums); Pepto Bismol; Antifungal Ointment or Spray; Sunscreen; Bug Spray; Diamode (for diarrhea or upset stomach); Robitussin (for cough); Loradamed (similar to Claritin)

**Over the Counter Medication that May Not be Given to My Child:** The following is a list of non-prescription medications and ointments that may NOT be given to my child. Please list prescription and over the counter medications separately:

\_\_\_\_\_  
\_\_\_\_\_



### Code of Conduct:

The YMCA of the Greater Twin Cities and YMCA Camp Icaghowan are committed to providing a safe and welcoming environment for all participants and guests. To promote safety and comfort for all, we ask individuals to act appropriately at all times when they are on our property or participating in our programs.

We expect persons participating at YMCA Camp Icaghowan to behave in a mature and responsible way and to respect the rights and dignity of others. Our Code of Conduct does not permit language or any action that can hurt or frighten another person or that falls below generally accepted standard of conduct. Specifically, this includes;

- Inappropriate attire. Appropriate attire must be worn at all times.
- Angry or vulgar language including swearing, name-calling or shouting.
- Physical contact with another person in any angry or threatening way.
- Any demonstration of sexual activity or sexual contact with another person.
- Harassment or intimidation by words, gestures, body language or any other menacing behavior.
- Theft or behavior which results in the destruction of property.
- Carrying or concealing any weapons or devices or objects which may be used as weapons.
- Using or possessing illegal chemicals or alcohol on YMCA property, in YMCA vehicles, or at YMCA sponsored programs.
- Any other conduct of an inappropriate, threatening or offensive nature.

The YMCA and its property is a smoke-free environment. Smoking is not permitted in or outside the YMCA. Participants and guests are encouraged to be responsible for their personal comfort and safety and ask any person whose behavior threatens their comfort to refrain. If a participant or guest feels uncomfortable in confronting the person directly, they should report the behavior to a staff person or the Program Director. Participants and guests should not hesitate to notify a staff person or Program Director if assistance is needed. We want to help.

### Bullying Policy:

Bullying is when one or more people exclude, tease, taunt, gossip, hit, kick, or put down another person with the intent to hurt another. Bullying happens when a person or group of people want to have power over another and use their power to get their way, at the expense of someone else. Bullying can also happen through cyberspace: through the use of e-mails, text messaging, instant messaging, weblogs, personal web pages and other less direct methods. This type of bullying can lead to persons being hurt during or between the camp seasons and be especially hurtful when persons are targeted with meanness and exclusion. At YMCA Camp Icaghowan, bullying is inexcusable, and we have a firm policy against all types of bullying. Each camper is expected to treat all other campers with respect, and to help each other achieve the best possible experience. If a camper has difficulty meeting this expectation, parents may be called upon to assist. We work together as a team to ensure that campers gain self-confidence, make new friends, and go home with a positive camp experience. Camp leadership addresses all incidents of bullying seriously and trains staff to promote communication with their staff and their campers. Both staff and campers will be comfortable alerting us to any problems during their camp experience and between camp seasons. Every person has the right to expect to have the best possible experience at camp. By working together as a team to identify and manage bullying, we can help ensure that all campers and staff have a great summer at YMCA Camp Icaghowan.

In order to be able to carry out these policies, we ask that participants and guests identify themselves to staff when asked. The Program Director or appropriate staff will investigate all incidents. Suspension or termination from YMCA Camp Icaghowan may result if it is determined by the Program Director that a violation of the Code of Conduct has occurred.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing this form, you are acknowledging that you and your child have read, understand, and will abide by the conditions set forth in the Code of Conduct.**

**If for religious reasons you cannot sign this form, please contact YMCA Camp Icaghowan for a legal waiver that must be signed for attendance.**



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## Communication to Camp Staff

### Parents please fill out this portion

My child is coming to camp to:      Make new friends      Have fun      Learn new skills      Get a vacation

Does your child have a birthday while at camp?    Yes    No    Birthdate: \_\_\_\_\_

Dietary Restrictions or Modifications: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

### Personality Traits

Please circle the following characteristics you feel best describes your child:

Tense    Shy    Helpful    Happy    Selfish    Follower    Leader    Easy Going    Nervous    Moody  
Aggressive    Antagonistic    Withdrawn    Cooperative    Quick Learner    Needs extra time

### Does your child:

Make friends easily?      Yes    No      Comments: \_\_\_\_\_

Have many friends?      Yes    No      Comments: \_\_\_\_\_

Express feelings openly?    Yes    No      Comments: \_\_\_\_\_

Describe your child's responsibilities in the family and community: \_\_\_\_\_

What type of discipline works with your child? \_\_\_\_\_

Are there any other things about your child's personality that his/her counselor should know?  
\_\_\_\_\_

### Adjustment Factor

As the parent/guardian, do you anticipate any adjustment problem to camp living?      Yes    No

Explain: \_\_\_\_\_

In what areas do you expect your child to excel at camp?  
\_\_\_\_\_

Is this the first time your child has been away from home?      Yes    No

What is the longest period of time spent away from home? \_\_\_\_\_

Do you foresee your child being homesick at camp?    Yes    No      Comments: \_\_\_\_\_

Does your child regularly experience nightmares, talking in sleep or sleepwalking?      Yes    No

Comments: \_\_\_\_\_

Has your child experienced any recent life changes that may effect his/her time at camp (divorce, death in the family, etc.)?  
\_\_\_\_\_

Please attach a separate page if you would like to provide us with additional information.

### Campers please fill out this portion

I am coming to camp to: \_\_\_\_\_

I am a little nervous about: \_\_\_\_\_

In my free time I like to: \_\_\_\_\_

What do you like most about yourself? \_\_\_\_\_

What do you do when you are angry or upset? \_\_\_\_\_

What are you looking forward to at camp this summer? \_\_\_\_\_

**We are excited to have you join us at camp this summer!**