Session Star	t Date:	



## Health History 2019 YMCA Camp Menogyn

This Health History form is required for all Menogyn participants. A new form must be completed each year of participation. The information requested is intended to help us in the event of an emergency. This information will alert us to potential problems, special needs or accommodations that might be required. By program policy, all of the information is confidential and made available only to administrative and medical staff and the group leader.

Please notify the Camp Menogyn Administrative Office should this information change prior to your arrival at camp.

Please Return by ${\bf May~1}$ to YMCA Customer Service Ctr, 651 Nicollet Mall, or upload document at ${\bf ymcamn.org/contact\_us}$	Suite 500, Minneapolis, MN 55402, Fax: 612-223-63.	22
Camper Name:	Birth Date:	Age at camp:
Insurance Information		
Is the participant covered by family medical/hospital insurance?	☐ Yes ☐ No	
If so, indicate carrier or plan name	Group #	
Photocopy of front and back of health insurance card must be at	tached to this form.	
Immunizations		
Date of your last tetanus shot? (required within 10 years):	Date of your measles shot?	
Are you up to date on remaining immunizations? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	No	
Allergies  No known allergies.  This camper is allergic to: Food Medicine  (Please describe below what the camper is allergic to and the reaction seen. For food allergies,	The environment (insect stings, iodine, etc.) please help us understand what the camper can and cannot eat so we	Other: can accommodate their needs.)
Diet & Nutrition  ☐ This camper has no dietary restrictions ☐ This camper has the following dietary restrictions. (Please descriptions)	ribe below, include specific information.)	
Medications  Please list ALL medications (including over-the-counter or nonprestime at camp. Keep it in the original packaging/bottle that identifies the frequency of administration.  This person takes NO medications on a routine basis.  This person takes medications as follows (Please indicate the Modern Please).	es the prescribing physician, the name of the medic	

## The following must be completed for attendance

	Camper Name:
	Date of Birth:
Mental, Emotional & Social Health	Session Start Date:
Has the camper:	
<ol> <li>Ever been treated for attention deficit disorder (ADD) or attentio</li> </ol>	n deficit/hyperactivity disorder (ADHD)? Ves DNo
<ol><li>Ever had mental, emotional or social difficulties (anxiety, behavio</li></ol>	
3. Ever had an eating disorder (anorexia, bulimia)? $\square$ Yes $\square$ No	rai, depression, etc.): Tes ETNO
4. During the past 12 months, seen a professional to address ment.	al/amational/habayiaral boolth gangarns? Vas Na
5. Had a significant life event that continues to affect the camper's	
s. Had a significant life event that continues to affect the camper's (History of abuse, death of a loved one, family change, adoption	
(Please explain "Yes" answers in the space below. Help us with any strategies or accommod	· · · · · · · · · · · · · · · · · · ·
,	
$\square$ Check box if you would like us to contact you regarding your chi	ld's Health History.
If so, please provide your phone number:	
Health History	
1. Ever been hospitalized?	☐ Yes ☐ No
2. Ever had surgery?	Yes No
3. Have recurrent/chronic illnesses?	☐ Yes ☐ No
4. Had a recent infectious disease?	Yes No
5. Had a recent injury?	Yes No
	Yes No
6. Had asthma/wheezing/shortness of breath?	Yes No
7. Have diabetes?	Yes No
8. Had seizures?	
9. Had headaches?	☐ Yes ☐ No
10. Had high blood pressure?	☐ Yes ☐ No
11. Wear glasses, contacts, or protective eyewear?	☐ Yes ☐ No
12. Had fainting or dizziness?	Yes No
13. Passed out/had chest pain during exercise?	Yes No
14. Had racing of your heart or skipped beats?	Yes No
15. Had mononucleosis during the past 12 months?	Yes No
16. Have problems with falling asleep/sleepwalking?	Yes No
17. Have a history of bedwetting?	☐ Yes ☐ No
18. Ever had back/joint problems?	☐ Yes ☐ No
19. Have problems with diarrhea/constipation?	Yes No
20. Have any skin problems?	Yes No
21. Traveled outside the country in the past 9 months?	Yes No
22. If applicable, at what age was your first menstrual period?, Wha	at was the longest time between your periods last year?
(Please explain "Yes" answers in the space below.)	
What have we forgotten to ask?	
Please provide in the space below any additional information about	the camper's health that you think important or that may affect the
camper's ability to fully participate in the camp program. Attach add	ditional information if needed.
	D.
Printed Name	Date
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