



Camper Name: \_\_\_\_\_  
 Camper Date of Birth: \_\_\_\_\_  
 Camp Session Start Date: \_\_\_\_\_  
 Cabin (office use): \_\_\_\_\_

# Camper Personal History

Complete this form if you did not register online.

While we collect most of the information that we need during registration, there are a few things that we like to confirm or learn about.

## Check which camp your child will be attending:

Camp St. Croix    Camp Icaghowan    Camp Ihduhapi    Camp Warren

**Camp St. Croix and Camp Ihduhapi:** bring form with you on the first day of camp.

**Camp Icaghowan and Camp Warren:** send to the Customer Service Center by June 1, 2018.

YMCA Customer Service Center, 651 Nicollet Mall, Ste 500, Minneapolis, MN 55402 or [ymcamn.org/contact\\_us](http://ymcamn.org/contact_us)

## Family Contact Information

First Parent/Guardian \_\_\_\_\_ First Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Primary Insured Name: \_\_\_\_\_

Primary Insured Date of Birth: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Are all of your campers immunizations up to date? Yes / No

Date of last tetanus shot (MM/YY)? \_\_\_\_\_ / \_\_\_\_\_

Does your camper have any medical conditions that require special care?

\_\_\_\_\_

Has your camper had any surgeries, illness, or injuries we should be aware of?

\_\_\_\_\_

Does your camper have any allergies we should be aware of?

\_\_\_\_\_

Does your camper have any dietary restrictions?

\_\_\_\_\_

Does your camper have any camp activities from which they should be restricted for medical reasons?

\_\_\_\_\_

## Camper Personal and Social Information

We want every camper that comes to have a safe, fun, and enriching experience. We want every camper to feel at home. Is there anything you would like to share with us so we can make sure your camper's experience is spectacular?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medications from home**

Please list all medications from home, prescription or over-the-counter, that your camper will be taking at camp. All medications must be brought to camp in their original containers, which must be placed in a sealable plastic bag with your camper's name on it.

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Medication name:	Purpose	Dosing Instructions
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**Certification and Permission to Treat**

This camper personal history is correct and accurately reflects the health status of the camper to whom it pertains. I authorize the YMCA to provide routine healthcare to my child and to dispense medications in accordance with their physician reviewed standing orders. In the event that my child need immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency services as needed.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Camper Health Screening**

**OFFICE USE ONLY**

- 1) Any signs/symptoms of head lice?  No  Yes as noted below
- 2) Any signs/symptoms of illness or injury upon arrival?  No  Yes as noted below
- 3) History of exposure to communicable disease?  No  Yes as noted below
- 4) Additions or corrections to information on this health history?  No  Yes as noted below
- 5) Medication given to health-care staff?  No  Yes as noted below

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