



Camper Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Session (s): \_\_\_\_\_  
 Session Dates: \_\_\_\_\_

# YMCA CAMP WARREN

## Health History Form 2017

Camper Legal name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**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: \_\_\_\_\_

**Parent/Guardian Authorization:** This health history is correct so 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. **Transportation Authorization:** My child has permission to be transported by the YMCA to and from camp and on other camp trips that are part of the program according to their registration. **Horseback Riding Waiver:** My child has permission to participate in the horseback riding program at YMCA Camp Warren. As the parent/guardian of this minor child, I recognize the inherent risks that are involved in horseback riding and being around horses and agree to hold the YMCA harmless from any and all claims.

**Signature:** \_\_\_\_\_ PARENT/GUARDIAN OF MINOR CHILD Date: \_\_\_\_\_

I also understand and agree to abide with the restrictions placed on my camp activities.

**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: \_\_\_\_\_

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

**Health History – The Health History must be completed by the parent/guardian.** Please provide complete information so we can do our best with your child. Mail or fax completed form to the Business Center no later than June 1, (girls) and July 1 (boys). Keep a copy of the completed form for your records and note changes that occur and inform the Camp Director of changes via written notification.

Does the camper have a history of illness, injury or surgery that would affect participation?      Yes      No

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

Any specific activities to be encouraged or limited by Physician's advice: \_\_\_\_\_

Has the camper had or been a carrier of a communicable disease (MRSA, VRE, Tuberculosis, etc)?      Yes      No

Dietary modifications or restrictions: \_\_\_\_\_

For female campers:      Has this person menstruated?      Yes      No

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

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Convulsions/Epilepsy        | <input type="checkbox"/> Bed Wetting     | <input type="checkbox"/> Heart defect/disease |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Hypertension                | <input type="checkbox"/> Sleep Disorder  | <input type="checkbox"/> Surgeries            |
| <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Bleeding/clotting disorders | <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Other                |

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

\_\_\_\_\_

**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: \_\_\_\_\_

**Medication:** Please list all medication (prescription and over the counter) 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 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: \_\_\_\_\_

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Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

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

**Medication:** \_\_\_\_\_ Reason for taking: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

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

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

**Over the Counter Medication:** The following is a list of non-prescription medications and ointments that may not be given to my child. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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 (specify _____).                              | Yes | No |
| This camper has seen or is currently seeing a professional to address mental/emotional health concern.                      | Yes | No |
| Is your child currently receiving any specialized services from their school district (speech therapy, resource room, etc). | Yes | No |
| Would you like your child to be considered for additional support while they are at Camp Warren?                            | 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 Warren program.

Is there anything the staff should know about your camper that would be helpful in providing the best camp experience this summer (previous camp experience, school experience, living situation, difficult transition in child's life, i.e. divorce, death in the family, etc)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What have we forgotten to ask? Please include suggestions or health related information for camp personnel:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Code of Conduct:**

The YMCA of the Greater Twin Cities and YMCA Camp Warren 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 Warren 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 Camp Director. Participants and guests should not hesitate to notify a staff person or Camp Director if assistance is needed. We want to help.

In order to be able to carry out these policies, we ask that participants and guests identify themselves to staff when asked. The Camp Director or appropriate staff will investigate all incidents. Suspension or termination from YMCA Camp Warren may result if it is determined by the Camp 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 Ihduhapi for a legal waiver that must be signed for attendance.

**The following people are not authorized or allowed to pick up my child from the YMCA Bus stop or from camp:**

\_\_\_\_\_

**Return by June 1, (girls) and July 1 (boys) to:**

**YMCA Camp Warren, YMCA Business Center, 2125 Hennepin Avenue, Suite 100, Minneapolis, MN 55413**