



Summer Camp Health Information Form

HEALTH CENTER USE ONLY – HW 8:
Session: _____ Health Screen Health Form Check Medicine Review

CONTACT INFORMATION – HW 5

Camper Name: _____ Birth Date: _____/_____/_____ Age at Camp: _____ Gender: Male Female
Home Address: _____ City: _____ State _____ ZIP: _____ Phone: _____
Parent/Guardian Name: _____ Cell Phone: _____ Email: _____
Home Address (if different from above): _____
Work Phone: _____ Home Phone (if different from above): _____

If parent/guardian is not available in an emergency, please contact:

Name: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____
Name: _____ Relationship: _____ Home Phone: _____ Cell Phone: _____
Physician's Name: _____ Office Phone: _____
Dentist's Name: _____ Office Phone: _____
Insurance Company: _____ Policy Holder: _____ Policy Number: _____

HEALTH HISTORY – HW 2

Asthma	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____	Heart Defect/Disease	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____	Behavior Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____
Hay Fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____	Bleeding Disorder	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____	ADD/ADHD	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____
Poison Ivy Allergy	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____	Seizures	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____	Speech Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____
Insect Sting Allergy	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____	Bedwetting	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____	Hearing Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____
Frequent Ear Infections	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____	Fear/Phobias	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____	Vision Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____
Frequent Headaches	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____	Sleepwalking	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____	Hepatitis A	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____
Frequent Sore Throats	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____	Head Lice	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____	Hepatitis B	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____
Mononucleosis	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____	Chicken Pox	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date: _____	Other: _____		Date: _____

Activity Restrictions/Limitations/Exemptions: _____
Allergies/Dietary Restrictions: _____
Hospitalizations/Surgeries/Serious Illnesses: _____
Current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

Are all required school immunizations up-to-date? Yes No If no, please explain: _____ Date of last tetanus shot: _____
Current Medication: _____ Dosage: _____ Times: _____
Current Medication: _____ Dosage: _____ Times: _____
Current Medication: _____ Dosage: _____ Times: _____

HEALTH EXAM - HW 6

I certify that the information provided on this form is correct and complete so far as I (the undersigned) know, and my child has permission to engage in all prescribed camp activities, on or off YMCA Camp Campbell Gard premises, except as noted on this form. I understand that it is the responsibility of the parent/guardian to inform YMCA Camp Campbell Gard of any changes or additions to this form on the day that the child arrives at camp. I also certify that my child has received a health exam from licensed medical personnel within the past **24 months** of the time my child will be at YMCA Camp Campbell Gard. Based on the recommendations of the licensed medical personnel, I have listed any physical condition requiring restriction on participation in the camp program and a description of that restriction. I have also listed any current or ongoing treatment or medications.

Date of the Health Exam: _____ Signature: _____ Printed Name: _____

PERMISSION TO TREAT - HW 7

I hereby give permission to YMCA Camp Campbell Gard to provide routine healthcare, administer prescribed medications, dispense over-the-counter medications, and seek emergency medical treatment, including ordering x-rays, routine tests, or injections. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. If I cannot be reached in the event of an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, anesthesia, and/or surgery for my child.

Signature: _____ Printed Name: _____ Date: _____

PARENT NOTIFICATION - HW 19

Parents/guardians will be notified of an accident/injury/illness of their child if the situation requires significant medical attention, such as, but not limited to, a stay in the Health Center of more than three hours, possible sprain/strain/fracture/broken bone/concussion/need for stitches, a temperature of 100 degrees or more, loss of consciousness, or the need to visit a doctor. YMCA Camp Campbell Gard does not provide accident/health insurance. Medical bills incurred at camp are the responsibility of the camper's parent/guardian. You and your insurance company will be billed directly for doctor, pharmacy, hospital, or clinical bills.

Signature: _____ Printed Name: _____ Date: _____

AUTHORIZATION TO RELEASE CHILD

I authorize YMCA Camp Campbell Gard personnel to release my child to the custody of the following individuals (in addition to the parent/guardian listed on this form):

Name: _____ Address: _____ Phone: _____ Relationship to Child: _____

Name: _____ Address: _____ Phone: _____ Relationship to Child: _____

Signature: _____ Printed Name: _____ Date: _____

PHOTOGRAPHY AND VIDEO RELEASE

I grant my permission to allow pictures and/or videos to be taken of myself and/or my child to be used for the sole purpose of literature, advertisements, video production, and events for the Great Miami Valley YMCA and YMCA Camp Campbell Gard.

Signature: _____ Printed Name: _____ Date: _____

PARTICIPATION WAIVER

I certify that my child is in good health and has my permission to participate fully in the summer camp program at YMCA Camp Campbell Gard. I have read the Parent Planner, and I agree to comply with all camp policies and procedures. I agree to pay my camp balance at least three (3) weeks before the start of the camp session that my child is registered to attend. I understand that refunds are issued only in the case of serious illness/accident (with a statement from a physician) or a death in the immediate family. I am aware that refunds are never granted for children who leave camp early because of homesickness or behavioral problems, as determined by the Camp Director. I understand that the deposit is not refundable in any circumstances, unless the program is full or has been cancelled. I am aware that YMCA Camp Campbell Gard reserves the right to cancel any summer camp program. In the case of cancellation, the full registration fee will be refunded. I understand that many activities at camp involve a known or reasonable risk, and I grant permission for my child to participate in all planned camp activities, including, but not limited to, out-of-camp trips, playground equipment, sports, hiking, biking, horseback riding, challenge/adventure (ropes) courses, rock climbing, swimming, boating, and archery. I acknowledge that YMCA Camp Campbell Gard is not responsible for lost, stolen, or damaged personal items. I understand that the Great Miami Valley YMCA and YMCA Camp Campbell Gard assume no liability for the accidental injury to my child while participating in the summer camp program. I hereby agree to indemnify and hold harmless the Great Miami Valley YMCA and YMCA Camp Campbell Gard, its staff and volunteers, from all losses, claims, and/or actions that may arise from my child's participation in the summer camp program.

Signature: _____ Printed Name: _____ Date: _____