Camp Thompson Health History Form

CAMPER'S NAME	BIRTHDATE	AGE	GENDER
ADDRESS		CITY	STATE, ZIP
CUSTODIAL PARENT/GUARDIAN:	DAYTIME PH.		EVENING PH.
EMERGENCY CONTACT #1	DAYTIME PH.		EVENING PH.
EMERGENCY CONTACT #2	DAYTIME PH.		EVENING PH.
FAMILY PHYSICIAN	DAYTIME PH.		EMERGENCY PH.

My child is in the custodial care of (check one): ☐ both parents; ☐ mother only; ☐ father only; ☐ other-_____

CAMPER'S HEIGHT: _____ WEIGHT: _____ GRADE COMPLETED: _____ (spring 2010)

PLEASE CIRCLE YOU CAMPER'S SWIMMING ABILITY: non-swimmer / fair / advanced

Insurance Policy Provider: _____Policy Number: _____

DISEASES

Please check and give approximate dates, as needed:

☐ ADD _____
☐ Eczema _____
☐ Convulsions _____
☐ Chicken pox _____
☐ Diarrhea _____

Operations or serious injuries (describe)
_____

IMMUNIZATIONS

_____DTP Series_____Booster
_____Polio OPV _____Booster
_____Tetanus _____Booster
Hepatitis_____
Chicken Pox_____

ALLERGIES & REACTIONS

☐ Poison ivy
☐ Insect stings
☐ Hay fever
☐ Medicines_____
☐ Other _____

Recurring or Serious Injuries:_____
_____

HEALTH HISTORY

Describe any physical or perceptual handicaps:_____
Is the camper normally a hearty or light eater:_____
Does the camper wet the bed? (if attending resident camp):_____
Does the camper have any sleeping problems?_____
Has the camper ever had any professional counseling? _____
If so, please provide any information which may prove helpful to staff.
_____

PRESCRIPTION MEDICATION

I hereby request and authorize you to give _____(dose) of _____(medication) as prescribed by , and I release the Carlisle Family YMCA and its staff from liability should reactions result from medication.

_____
Parent/Guardian Signature

NON-PRESCRIPTION MEDICATION

I hereby give permission for YMCA staff to administer the following over-the-counter medications if deemed necessary.
I release the Carlisle Family YMCA and its staff from liability should a reaction result from non-prescription medication.

_____Ibuprofen/Acetaminophen
_____Tums _____Calamine Lotion
_____Pepto _____Imodium AD
_____Benadryl_____Cortaide

_____Date: ____
Parent/Guardian Signature

Camp Policy and Procedures

In signing below, I acknowledge the statements appearing above, and on pages 3 and 4 of this brochure, and endorse the veracity of my responses, including: ***Health History***, ***Medications***, ***Permission to Treat***, ***Hold Harmless Statement***, ***Photograph Policy***, ***Sunscreen Policy***, ***Pick-up Policy***, ***Staffing Statement***, ***Registration Policy*** and the ***Behavior Policy***. I have read this entire release of claims and fully understand it. I have satisfied my questions and concerns regarding the Carlisle Family YMCA Camping programs by speaking with representatives of the Carlisle Family YMCA Camping Program.

VERIFICATION OF RECENT PHYSICAL(NOT NEEDED FOR DAY CAMPS)

Has the camper had a health exam in the past 2 years? Y / N
Date of exam: _____(If yes, another full exam is not needed)
Physician's Signature:_____Date:_____

_____
Parent/Guardian Signature Email Address (Required if you have one) Date