# YMCA Camp Collins Health History Form

**Please submit with Registration**

Session # _____

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Child's full name_____ Age at camp ____ Birthdate_____ Gender: ☐ M ☐ F

Emergency Contact Information (If parent cannot be reached)

**Emergency Contact Name 1:** _____ Relationship: _____

Home Phone_____ Work Phone_____ Cell Phone_____

Email Address:_____

**Emergency Contact Name 2:** _____ Relationship: _____

Home Phone_____ Work Phone_____ Cell Phone_____

Email Address:_____

**Insurance Information—**Is the participant covered by family medical/hospital insurance? ☐ Yes ☐ No

If so, indicate carrier or plan name_____ Policy# _____

Name of policy holder_____ Relationship to participant _____

Phone number of carrier_____ Birthdate of policy holder _____

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**Health History**—The following information must be filled out by the parent/guardian or adult staff member. We use this data to provide healthcare personnel with background information on the camper/staff and to educate counseling staff on camper needs.

**Behavioral, Social, Developmental or other considerations:** _____

_____

_____

**Allergies:** Please check all that apply to the participant.

☐ This participant has no known allergies.

☐ This participant has an allergy to the following foods: _____ Causes anaphylaxis? ☐ Yes ☐ No

Describe the reaction and what is done to manage it: _____

☐ This participant is allergic to the following medications: _____ Causes anaphylaxis? ☐ Yes ☐ No

Describe the reaction and what is done to manage it: _____

☐ This participant is allergic to the following substances: _____ Causes anaphylaxis? ☐ Yes ☐ No

Describe the reaction and what is done to manage it: _____

**Diet:** Please check all those that apply to participant. We can work with some medically prescribed diets but cannot cater to individual food preferences. Contact the Camp Office at 503.663.5813 if you have questions regarding the participant's diet while at camp.

☐ Participant eats a regular, varied diet and is prepared to eat a wide range of foods.

☐ Participant is gluten intolerant. ☐ Participant is lactose intolerant.

☐ Participant is a vegetarian. Type: _____ ☐ Participant is a vegan.

☐ Other, please describe: _____

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## Chronic Concerns

☐ This participant has no chronic health concerns and is capable of full participation in this program.

☐ This participant has the following chronic health concerns: (Check all that apply)

| | | | |
|---|---|---|---|
| ☐ Asthma | ☐ Severe Headaches | ☐ Sleepwalking | ☐ Diabetes |
| ☐ Menstrual Cramps | ☐ Frequent Ear Infections | ☐ Frequent Colds | ☐ Bedwetting |
| ☐ Seizure Disorder | ☐ Surgical History | ☐ Fainting | |

☐ Other, please describe: _____

Please provide information about supportive health care needed for each checked item above: _____

_____

**Child's Name** _____ **Camp Session** _____ **Cabin Name** _____

## General Health Questions – Please explain "yes" answers in the space provided below.

| Has/does the participant: | Yes | No |
|---|---|---|
| 1. Had any recent injury, illness or infectious disease? | ○ | ○ |
| 2. Ever been hospitalized? | ○ | ○ |
| 3. Ever had a head injury within the last 6 months? | ○ | ○ |
| 4. Ever been knocked unconscious? | ○ | ○ |
| 5. Wear glasses, contacts or protective eye wear? | ○ | ○ |
| 6. Ever passed out during or after exercise? | ○ | ○ |
| 7. Ever had chest pains during or after exercise? | ○ | ○ |
| 8. Has high or low blood pressure? | ○ | ○ |
| 9. Ever been diagnosed with a heart murmur? | ○ | ○ |
| 10. Ever have back problems? | ○ | ○ |
| 11. Ever had problems with joints (ex. knees, ankles)? | ○ | ○ |
| 12. Have an orthodontic appliance at camp? | ○ | ○ |
| 13. Have any skin problems (ex. itching, rash, acne)? | ○ | ○ |
| 14. Have mononucleosis in the past 12 months? | ○ | ○ |
| 15. Had problems with diarrhea/constipation? | ○ | ○ |
| 16. If female, have an abnormal menstrual history? | ○ | ○ |
| 17. Have an eating disorder? | ○ | ○ |
| 18. Any current physical, mental or psychological conditions requiring professional treatment or additional consideration? | ○ | ○ |

Explain "yes" answers and please note the question number

_____

_____

_____

Name of family physician _____ Phone _____

**Which of the following Diseases has the participant had?**

Measles _____ Mumps _____

Chicken pox _____ Hepatitis _____

German Measles_____

Date of last TB Mantoux test if taken _____ Result:_____

**Immunization Verification—PLEASE FILL OUT COMPLETELY:**

My child received his/her last Tetanus shot (DTP or Booster) on

_____/_____(This information is **REQUIRED** in case of medical emergency)
*Month/ Year

☐ I verify that my child is up-to-date on ALL immunizations required for school.

☐ My child is Exempt from immunizations due to Medical, Religious, or other reasons.

**Medications—**You will be asked to complete a "Medication Authorization form" on the first day of camp if your child is to take medications during their stay at camp. Medications (both prescription and over-the-counter) will only be accepted and dispensed by the Health Officer if provided in their original container and with current prescription labeling. Please check medication labels and expiration dates prior to your arrival at camp.

The following medications, stocked in the Camp Health House, are used to manage illness or injury and dispensed as directed by our medical protocols. Please initial the box next to those medications your camper **should not** be given:

| | | | |
|---|---|---|---|
| ☐ Acetaminophen (Tylenol) | ☐ Cough Medicine | ☐ Night Time Cold Formula | ☐ Tinactin (Anti-Fungal) |
| ☐ Benadryl | ☐ Generic Cough Drops | ☐ Pepto Bismol Tablets | ☐ Triple Antibiotic Cream |
| ☐ Allergy Medication | ☐ Ibuprofen | ☐ Sore Throat Drops/Spray | ☐ Kaopectate (Anti-Diarrheal) |

Are there any camp activities from which this participant should be exempt for health reasons? If so, please list.

Is there any other information which has an impact upon the participant's ability to fully participate in our program? If so, please list.

_____

_____

_____

**Parent/Guardian Authorization for Health Care:** This health history is correct, and the person described has permission to participate in all camp activities except as noted by me on this form and/or a physician. I attest that all immunizations required for school are up to date. I give permission to the YMCA Camp Collins medical personnel to release any records necessary for insurance purposes and provide or arrange necessary related transportation for myself/my child in the case of a medical emergency. If I cannot be reached in an emergency, I give permission to the physician to secure and administer treatment, including hospitalization, for my child. This completed form may be photocopied. I understand that information about my child's health may be shared on a "need to know" basis with other camp staff.

_____ _____

**Signature of custodial parent/guardian or adult staff** **Date**

I _____also understand and agree to abide with any health related restrictions placed on my camp activities.
Camper Name

_____ _____

**Signature of minor participant or adult staff** **Date**

**FOR STAFF USE ONLY:** Information Verification and Health Screening completed by:
Staff Name (print please)_____Date_____