



CAMP HAZEN YMCA 2017 Health History Form

Tel: (860) 526-9529 Fax: (860) 526-9520

office@camphazenyumca.org

- | | | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Session A | <input type="checkbox"/> Session B | <input type="checkbox"/> Session C | <input type="checkbox"/> Session D | | |
| <input type="checkbox"/> Sampler 1 | <input type="checkbox"/> Sampler 2 | <input type="checkbox"/> Sampler 3 | <input type="checkbox"/> LEA 1 | <input type="checkbox"/> LEA 2 | <input type="checkbox"/> LEA 3 |
| <input type="checkbox"/> Day Camp 1 | <input type="checkbox"/> Day Camp 2 | <input type="checkbox"/> Day Camp 3 | <input type="checkbox"/> Day Camp 4 | <input type="checkbox"/> Day Camp 5 | |

Please return to camp by May 1st

CAMPER NAME:

Birth Date: ___/___/___ Gender: Grade next Sept:

Street:

City: State: Zip:

Parent/Guardian 1:

Home: Work: Cell:

Email:

Parent/Guardian 2
(in same household):

Home: Work: Cell:

Email:

Emergency Contact (other than parents) Emergency Contact
Name: Name:

Relationship: Relationship:

Tel: Tel:

Name of Primary Physician: Phone:

Name of Dentist/Orthodontist: Phone:

FAMILY STATUS

Has there been a divorce/separation in your family? Yes No
If yes, who has custody? _____

If there is another parent living in another household, should they be contacted in an emergency?
 Yes No

Name:

Home Phone:

Work Phone:

Cell Phone:

Street Address:

City:

State: Zip:

THIS SECTION TO BE COMPLETED BY A PARENT/GUARDIAN

Please indicate if your child has had any of the following injuries or illnesses:

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> GI Disorders | <input type="checkbox"/> Psychiatric diagnosis |
| <input type="checkbox"/> Freq. Ear Infections | <input type="checkbox"/> Heart Problem(s) | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Muscular/skeletal Injury | <input type="checkbox"/> Other: |

Please record information about any items above; any significant medical history; any hospitalization, doctor visits or surgical history of consequence in the past five years; and any other health related information or further suggestions for camp personnel (attach additional sheet if necessary)

To my knowledge, this health history is correct, and the person herein described has permission to engage in all prescribed camp activities except as noted:

I attest that the camper's immunizations required for school are up to date.

Date of last Tetanus Shot: ___/___ (month/year)

Signature of Parent/Guardian: _____ Date: _____

CAMPER NAME: _____

HEALTH CARE AT CAMP

Does your child take medication (prescription or over the counter) on a regular basis?

- NO
- YES, my child takes medication on a routine basis and WILL be bringing his/her medication to camp. Medications brought to camp MUST be in the original container with the label matching a completed Medication Authorization Form, signed by BOTH the prescribing physician and the parent/guardian.
- YES, my child takes medication on a routine basis, but WILL NOT be bringing his/her medication to camp.

Please list the medications your child takes routinely, the dose and the reason for taking.

Medication

Dose

Reason

| | | |
|--|--|--|
| | | |
| | | |

SUMMER CAMP:

During Summer Resident & Day Camp, the following medications are kept in stock and used to treat minor symptoms of illness/injury. They are administered by a Registered Nurse according to the Standing Orders of our Camp Physician at Wildwood Pediatrics, Essex, CT. Please CHECK any medications listed to the right that you do NOT want to be administered.

YEAR ROUND YOUTH PROGRAMS:

On Vacation Days, non-summer programs, and out-of-camp Trips, health care is provided by a certified First Aider. The First Aider, with med administration training, may ONLY administer prescription and over-the-counter medications brought from home in the original container, with the label matching a completed Medication Authorization Form.

| DO NOT ADMINISTER TO MY CAMPER | PRODUCT | USES |
|--------------------------------|---|-------------------------------|
| ORAL | | |
| <input type="checkbox"/> | Acetaminophen (Tylenol) | Pain relief, fever |
| <input type="checkbox"/> | Dimetapp Elixir, Robitussin, Comtrex, Dextromethrophan | Cold relief |
| <input type="checkbox"/> | Diphenhydramine (Benadryl), Chlortrimeton | Allergy - burning, itching |
| <input type="checkbox"/> | Dramamine | Motion sickness |
| <input type="checkbox"/> | Guaifenesin Syrup | Cough suppressent |
| <input type="checkbox"/> | Ibuprofen, Motrin | Pain relief, fever |
| <input type="checkbox"/> | Milk of Magnesia | Laxative |
| <input type="checkbox"/> | PeptoBismol, Kaopectate, Maalox | Anti-diarrhea/Stomach relief |
| <input type="checkbox"/> | Sudafed (pseudoephedrine), Dimetapp, Chlorpheniramine | Nasal & sinus relief |
| <input type="checkbox"/> | Throat Lozenges | Sore throat |
| <input type="checkbox"/> | Tums, Rolaids, Mylanta, Gelusil | Antacid |
| TOPICAL | | |
| <input type="checkbox"/> | A&D Ointment | Skin rash |
| <input type="checkbox"/> | Bacitracin, Hydrogen Peroxide, Providine Ointment, Betadine | Minor cuts |
| <input type="checkbox"/> | Bengay | Muscle pain relief |
| <input type="checkbox"/> | Benzoyl Peroxide | Mild acne treatment |
| <input type="checkbox"/> | Caladryl, Calamine Lotion, Benadryl Lotion | Itch relief |
| <input type="checkbox"/> | Hydrocortisone 1% | Soothes itches, rashes, hives |
| <input type="checkbox"/> | Lotrimin | Antifungal |
| <input type="checkbox"/> | Nix Shampoo, Rid Shampoo, Pyrinate Shampoo | Lice treatment |
| <input type="checkbox"/> | Tinactin | Anti-fungal |
| EARS, EYES & MOUTH | | |
| <input type="checkbox"/> | Anbesol, Ora-gel, Proxigel | Oral pain relief |
| <input type="checkbox"/> | Debrox | Earwax removal |
| <input type="checkbox"/> | Vinegar & Alcohol | Swimmers ear |
| <input type="checkbox"/> | Visine | Dry eye relief |

MEDICATION AUTHORIZATION:

I hereby give permission to Camp Hazen YMCA medical personnel to administer any of the above medications not checked per our Standing Orders.

Signature of Parent/Guardian: _____

Date: _____

CAMPER NAME: _____

| ALLERGIES | | |
|--|-----------------|------------------|
| <input type="checkbox"/> No known allergies | | |
| My camper is allergic to: <input type="checkbox"/> Food <input type="checkbox"/> Medication <input type="checkbox"/> The environment (insect stings, hay fever, etc.) List ALL known. (describe usual reaction and treatment) | | |
| ALLERGY | REACTION | TREATMENT |
| FOOD | | |
| | | |
| | | |
| MEDICATION | | |
| | | |
| | | |
| OTHER | | |
| | | |

| DIETARY REQUIREMENTS | | | | | | |
|--|--|-------------------------------|---|--|----------------------------------|-------------------------------|
| <input type="checkbox"/> My camper eats a regular diet | | | | | | |
| Does NOT eat: | <input type="checkbox"/> Red meat | <input type="checkbox"/> Pork | <input type="checkbox"/> Dairy products | <input type="checkbox"/> Poultry | <input type="checkbox"/> Seafood | <input type="checkbox"/> Eggs |
| Lactose Intolerant | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Celiac Disease | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Gluten Intolerant | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Any other dietary concerns? | | | | | | |
| | | | | | | |
| | | | | | | |

| MENTAL, EMOTIONAL, AND SOCIAL HEALTH | |
|---|--|
| Our goal is to provide a successful camping experience for all. To achieve this goal, we ask our camper families to share any information they think would be helpful to achieve this goal. We use this information to work with you to provide an optimal experience for your child. | |
| Has your camper: | |
| Been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Been treated for emotional or behavioral difficulties or an eating disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had a significant life event that continues to affect the camper's life? <small>(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)</small> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please use the space below to explain "Yes" answers or to share any other information you would like. The camp may contact you for additional information. | |
| | |
| | |
| | |
| | |
| During the past 12 months, seen a professional to address mental/emotional health concerns? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If YES, please complete the Health Form Addendum and return it with this form. | |

| EMERGENCY AUTHORIZATION | |
|---|--------------------|
| I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp. I also give permission for routine medical care as per the camp physician's standing orders for my child at Camp Hazen YMCA. I understand the camp fees do not include health and accident insurance and I will be responsible for any and all charges incurred in obtaining prompt medical attention. | |
| Signature of Parent/Guardian: _____ | Date: _____ |

CAMPER NAME: _____

| INSURANCE INFORMATION | CAMPER AGREEMENT |
|---|---|
| <p>Name of Carrier _____</p> <p>Name of Subscriber _____</p> <p>ID # _____</p> <p>Group # _____</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">PLEASE ATTACH A COPY OF THE FRONT & BACK OF YOUR INSURANCE CARD</p> | <p>I agree that while participating in programs at Camp Hazen YMCA:</p> <ul style="list-style-type: none"> I will listen and follow all safety instructions given to me by Hazen Staff. I will be respectful of those around me. I will be responsible for my belongings and my actions. I will care for the Camp environment and the equipment I use. I will be honest when I do not understand and ask questions. <p>I understand that disrespectful behavior is not tolerated in the Hazen Community. If I am having a hard time, the following steps will be taken:</p> <ol style="list-style-type: none"> 1. Conversation with Counselor 2. Conversation with Leadership Staff 3. Conversation with a Director 4. Placed on a Behavior Contract, parents will be informed. 5. Dismissal from Camp Hazen YMCA |

PARENT/GUARDIAN AUTHORIZATION, RELEASE, AND INDEMNITY WAIVER

| | |
|---|---|
| <p>We/I are/am the parent(s) and legal guardian(s) of the participant named above. The health history presented to the camp is correct to the best of our/my knowledge, and the applicant described on the admissions application has our/my permission to engage in any or all of the sports at Camp Hazen YMCA</p> <ul style="list-style-type: none"> Skateboarding, roller skating, in-line skating and/or similar activities Climbing on natural rocks, the climbing tower, ropes course and/or the Alpine tower Mountain Biking Water Sports Field Sports And/or other program activities <p>("YMCA") located at 204-205 West Main Street, Chester, Connecticut ("Premises") or at any other place while involved in the program of the YMCA ("YMCA Program Location").</p> <p>I understand that, as in all sports there is a risk of physical injury and damage to property and hereby assume such a risk and all consequences thereof, including the risk of personal injuries to the applicant resulting from participating in any or all of these sports, and agree to be fully responsible for any personal injury or damage to the property arising out of or in connection with the applicant's use of the facilities at the YMCA Premises and/or YMCA Program Location regardless of the cause, causes or contributing causes of such injury or damage. To this end I/we, as parent(s) and legal guardian(s) of the applicant, a minor, hereby release, discharge, and covenant to hold harmless the YMCA of the USA, the Camp Hazen YMCA, Inc. and any other entity that is the landlord, or sublandlord of the Premises, and/or YMCA Program Location and all of the employees, officers and directors, agents and successors and assigns of the above from any and all claims, causes of action, actions demands, damages, costs, loss and expenses (including reasonable legal fees) which the applicant, or third party, may have, suffer or incur which in any way arise out of or in connection with applicant's use of the Premises and/or YMCA Program Location regardless of the cause, causes, or contributing causes of such injury or damage. Said release, discharge and covenant shall apply to all such causes of action whether arising or prosecuted before or after said minor applicant has reached his or her age of majority.</p> <p>I/we further promise and covenant (jointly and severally) for myself/ourselves, individually and as legal guardian(s) of the applicant, and my/our heirs, administrators and executors, not to sue in any name or capacity (or implead in any action) said YMCA of the USA, the Camp Hazen YMCA, Inc. or any other entity that is the landlord or sublandlord of the Premises and/or YMCA Program Location (and/or employees, officers, agents, or successors, assigns of any of the above) for damages or injury to the property or person of the applicant or to myself/ourselves arising out of or in connection with the applicant's participation in the activities outlined above at the Premises and/or YMCA Program Location regardless of the cause, causes or contributing causes of such an injury or damage.</p> <p>I authorize the applicant to participate in all planned camp activities including out of camp trips under camp auspices. I also authorize the YMCA to have and use photographs, slides or videotapes of the persons named on this application as may be needed for its records or public relations programs.</p> <p>I confirm that I have reviewed all parent confirmation materials provided to me by the camp, and that are available on the website.</p> | <p style="font-weight: bold; margin-top: 0;">CONCUSSIONS:</p> <p>Campers will participate in a variety of activities while at camp, as with all physical activities there is a chance that a child may receive a concussion. In the event that a child shows signs of a concussion then they will be evaluated by a member of our healthcare staff and will be removed from activities until assessed by our camp doctor or medical facility, if it is deemed necessary. Please see Parent Guide for additional info.</p> |
| <p>Signature of Parent/Guardian: _____ Date: _____</p> | |