



YMCA Camp Copneconic Health History & Release Form

Please fill out one form for each child

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. This form is to be filled in by parents/guardians of minors, or by adults themselves.

Your camper will attend camp: from _____ to _____ at _____ Day Camp _____ Overnight Camp

Session Code (Camp Use): _____

(First)

(Last)

Camper Name: _____

Camper Name: _____ Male _____ Female _____ Birth Date _____
(First) (Last) (m/d/y)

Camper Home Address: _____
(Street) (City) (State) (Zip)

Parent/Guardian with legal custody to be contacted in case of illness or injury:
Name: _____ Relationship: _____ Phone: (____) _____

Home Address: _____
(if different from above) (Street) (City) (State) (Zip)

Second Parent/guardian or other Emergency Contact:
Name: _____ Relationship: _____ Phone: (____) _____

Additional Contact in event parent(s) cannot be reached:
Name: _____ Relationship: _____ Phone: (____) _____

Allergies: (Check one)
_____ No Known Allergies
_____ This camper is allergic to: Food Medicine Environment (stings, bites, etc.)
(Circle any that apply)

Please describe what the camper is allergic to and the reaction seen:

Diet/Nutrition: (Check one)
_____ This camper eats a regular diet.
_____ This camper eats a vegetarian diet.
_____ This camper has special dietary needs (Please describe below)

Restrictions: (Circle any restrictions that apply)
Does not eat: Red Meat Pork Dairy Poultry Seafood Eggs Gluten Other: _____

Program Restrictions:
I have reviewed the program and activities of the camp and feel the camper may participate: (Check one)
_____ without restrictions.
_____ with restrictions (describe below)

Health Insurance Information:
This camper is covered by family health insurance: (Circle One) Yes No
Subscriber: _____ Subscriber's Date of Birth: _____
(First) (Last) (m/d/y)

Insurance Company Phone Number: (____) _____
Please include a copy of your insurance card, with both sides readable

Authorization for Health Care:
This health history is correct and accurately reflects the health status of the camper/staff member to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission for Camp Copneconic to provide care to my child based on their Health Service Policy. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine care and in an emergency situation. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need-to-know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Parent/Guardian Signature: _____ Date: _____ Relationship: _____
(If participant is a minor) (m/d/y)

If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | | | | | |
|--------------------------------------|-----|----|--|-----|----|
| 1. Ever been hospitalized? | Yes | No | 11. Had fainting/dizziness? | Yes | No |
| 2. Ever had surgery? | Yes | No | 12. Passed out/had chest pain during exercise? | Yes | No |
| 3. Have chronic/recurrent illnesses? | Yes | No | 13. Had mononucleosis ("mono") in the past 12 months? | Yes | No |
| 4. Had a recent infectious disease? | Yes | No | 14. If female, had problems with periods/menstruation? | Yes | No |
| 5. Had a recent injury? | Yes | No | 15. Have problems with falling asleep/sleepwalking? | Yes | No |
| 6. Had asthma/shortness of breath? | Yes | No | 16. Ever had back/joint problems? | Yes | No |
| 7. Have Diabetes? | Yes | No | 17. Have a history of bedwetting? | Yes | No |
| 8. Had seizures? | Yes | No | 18. Have problems with diarrhea/constipation? | Yes | No |
| 9. Had headaches? | Yes | No | 19. Have any skin problems? | Yes | No |
| 10. Wear glasses/contacts? | Yes | No | 20. Traveled outside the country in the past 9 months? | Yes | No |

Please explain "Yes" answers in the space below, noting the number of the question. For travel outside the country, please name the countries visited and dates of travel.

Mental, Emotional, and Social Health: Circle Yes or No for each statement

Note: This information is confidential, and is only to ensure adequate accommodations are made for each camper. This information does not affect the camper/staff acceptance process.

Has the camper:

- | | | |
|---|-----|----|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)? | Yes | No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder? | Yes | No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns? | Yes | No |
| 4. Had a significant life event that continues to affect the camper's life? | Yes | No |

Please explain "Yes" answers in the space below, noting the number of the question. The camp may contact you for additional information.

Health Care Provider:

Name of camper's primary care physician: _____ Phone: (____) _____

The following non-prescription medications may be stocked in the Health and Wellness Center and are used on an as-needed basis to manage minor illness and injury.

Circle any medications that should NOT be given to your camper:

- | | |
|---|--|
| Acetaminophen (Tylenol) | Ibuprofen (Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine (Sudafed) |
| Antihistamine/Allergy Medicine (Allegra/Claritin) | Guaifenesin cough syrup (Robitussin) |
| Diphenhydramine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Cough Drops |
| Bismuth Subsalicylate (Pepto Bismol) | Aloe |
| Laxatives (Ex-Lax) | Calamine Lotion |
| Antibiotic Cream | |

Medications being taken:

Please list ALL medications (including both prescription and over-the-counter drugs) taken routinely. When you check your camper in, bring enough medication to last their entire stay at camp. ALL MEDICATIONS MUST BE SUBMITTED IN THEIR ORIGINAL PACKAGING/BOTTLE that includes the prescribed patient and prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Note: More specific information will be required at the time of medication check-in on the first day of camp.

_____ This camper takes no medications on a routine basis.

_____ This camper takes the following medications on a routine basis:

Name: _____ Dose: _____ Time(s) of administration: _____

Reason for taking: _____

Name: _____ Dose: _____ Time(s) of administration: _____

Reason for taking: _____

Name: _____ Dose: _____ Time(s) of administration: _____

Reason for taking: _____

Attach additional pages for more medications.

Identify any medications taken during the school year that will not be taken during the summer: _____

Immunization History:

_____ My child is up-to-date on their immunizations.

_____ My child is NOT up-to-date on their immunizations, or I have chosen not to immunize my child.

Please include a copy of your camper's immunization records by stapling it to this page or faxing it to the Camp Office.

Which of the following has the participant had?

_____ Measles

_____ Hepatitis A

_____ German Measles

_____ Chicken Pox

_____ Hepatitis B

_____ Mumps

_____ Hepatitis C

What have we forgotten to ask?

Please use the space below to provide us with any information that will help your camper be successful while they're at camp. This can include information pertaining to their social behavior, physical needs, or emotional habits. Any information that may affect their participation in camp programs and potential accommodations are useful.

Please attach any extra notes or information.

CAMP COPNECONIC CAMPER CODE OF CONDUCT

YMCA Camp Copneconic is dedicated to providing a fun, safe, and welcoming environment for kids to play, learn, and grow. To accomplish this, we ask that all participants follow a simple set of behavior guidelines. Campers will be expected to follow the following code of conduct as soon as they arrive at camp.

PLEASE READ THIS CODE WITH YOUR CHILD AND SIGN IT WITH THEM AT THE BOTTOM.

While at YMCA Camp Copneconic:

I will be honest and respectful of my peers, my camp staff, and myself.

I will follow directions and rules at camp.

I will act peacefully to my fellow campers and staff members.

I will respect property belonging to any other campers, staff members, or Camp Copneconic.

I will use/practice appropriate conduct and language

I will stay within the camp boundaries

I will do my best to ensure that everyone, including myself, has fun at camp!

Discipline will be handled in the following manner:

STEP 1: Counselors will address behavior with the camper, helping the camper to understand the rules and take responsibility for changing their behavior.

STEP 2: Senior staff will meet with the camper to discuss and implement solutions

STEP 3: The camper will meet with the Camp Director. Parental contact and clear objectives will be established.

STEP 4: The camper will be removed from their camp program without a refund.

Note: Actions deemed harmful to oneself or another camper are subject to immediate dismissal.

CAMPER: By signing this form, I agree to follow the above code of conduct. I understand that more specific rules will be explained to me when I arrive at Camp. I also realize that failing to follow this code will result in disciplinary action by the staff of Camp Copneconic, and may include removal from my camp program.

Camper's Signature: _____ Date: _____

PARENT/GUARDIAN: By signing this form, I assert my understanding that should my child require transportation from their camp program due to illness, behavior problems, or other reasons, I will be required to provide transportation in a timely manner as designated by camp administration. Also, by signing this form, I am acknowledging that I read this code of conduct with/to my child, and they understand its importance.

Parent/Guardian Signature: _____ Date: _____

