



Camper Name: _____

Birth Date (mm/dd/yyyy): _____

Parent/Guardian Name: _____

Phone Number: (____) _____

2nd Guardian/Emergency: _____

Phone Number: (____) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone: (____) _____

Name: _____ Relationship: _____ Phone: (____) _____

Camper's Primary Physician Name: _____ Phone: (____) _____

May we contact your camper's physician? Yes No (Circle one)

Is your camper covered by family health insurance? Yes No (Circle one)

Policy Holder's Name: _____

Policy Holder's Birth Date: __/__/____

SSN or Insurance ID: _____

Policy Holder's Relationship: _____

Insurance Carrier: _____

Policy Number: _____

Carrier Phone #: (____) _____

Group Number: _____

Claims Processing Address: _____

Rx Bin Number: _____

City: _____ State: _____ Zip: _____

Prescription Plan Carrier: _____

Prescription Plan #: _____

Date of last TB Test: __/__/____ Result: _____

	Last Occurance
Chicken Pox	
German Measles	
Hepatitis A	
Hepatitis B	
Hepatitis C	
Measles	
Mumps	
H1N1	

Immunizations	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5	Latest
DTaP or TDaP						
Tetanus, Pertussis Booster						
MMR						
IPV						
HIB						
PCV						
Hep. B						
Hep. A						
Chicken Pox						
MCV4						
H1N1						
Flu						

ALLERGIES

Does your camper have any allergies? Yes No

If yes:

Allergen(s): _____ Reaction Seen: _____ Last Rxn: __/__/____

Anaphylactic? Yes No Does your camper carry an epi-pen? Yes No Can they use it themselves? Yes No

I attest that all my child's immunizations required for school are up to date.

PHYSICAL HEALTH HISTORY

Please check any that apply to your camper, and provide all relevant details (dates, treatment plans, etc) on next page

- Abdominal Menstrual History
- Bed Wetting
- Bleeding, Clotting
- Diarrhea, Constipation
- Chest Pain, Dizzy, Passing Out
- Glasses/Contacts/Eyeware
- Head Injury
- Heart Murmur
- Lice
- Mono (within last 12 months)
- High Blood Pressure
- Knocked Unconscious
- Skin Problems (itching, rash, etc)
- Sleep Walking
- Orthodontic Appliance
- Seizures, Convulsions
- Hospitalized
- Had Surgery
- Have Chronic/Recurrent Illness
- Infectious Disease
- Recent Injury
- Have Diabetes

Please use this space to provide us with any relevant notes regarding the health history on the previous page:

Please note any recurring health issues you camper experiences:

Has your camper had any recent operations or serious injuries?

Has your camper traveled outside the United States in the past 9 months? If so when/where?

MENTAL HEALTH HISTORY

Please check any that apply to your camper, and provide all relevant details (dates, treatment plans, etc) below

- Attention Deficit Disorder (ADD or ADHD)
- Depression
- Disordered Eating
- Learning or Processing Challenge
- Obsessive-Compulsive Disorder
- Panic, Anxiety Disorder
- Substance Abuse
- Other Mental/Emotional/Social Health Issue

SPECIAL DIETS

Please check or describe below any special dietary needs your child has

- No Dairy
- No Eggs
- No Fish
- No Pork
- No Poultry
- No Red Meat
- No Seafood
- No Wheat
- Vegan
- Vegetarian

PRESCRIPTIONS

Please fill out the following information for any medications your camper will take while at camp.

Medication Name: _____ Dosage (ex. 2 X 100 MG): _____

Delivery Time (Circle each that applies): Breakfast Lunch Dinner Evening Other: _____

Notes: _____

Medication Name: _____ Dosage (ex. 2 X 100 MG): _____

Delivery Time (Circle each that applies): Breakfast Lunch Dinner Evening Other: _____

Notes: _____

Medication Name: _____ Dosage (ex. 2 X 100 MG): _____

Delivery Time (Circle each that applies): Breakfast Lunch Dinner Evening Other: _____

Notes: _____

Medication Name: _____ Dosage (ex. 2 X 100 MG): _____

Delivery Time (Circle each that applies): Breakfast Lunch Dinner Evening Other: _____

Notes: _____

The following medications are over-the-counter meds that we stock in our health center. Please circle any that you **do NOT** wish to be given to your camper.

Acetaminophen (Tylenol)

Antidiarrheal (maalox)

Bismuth Subsalicylate (Pepto Bismol)

Calamine Lotion

Cough Drops (Generic)

Diphenhydramine (Benadryl)

Guaifenesin (Mucinex, Robitussin)

Ibuprofen (Advil)

Loratadine (Claritin)

Poison Ivy Treatment (Ivy Rid)

Pseudoephedrine Hydrochloride (Advil Cold & Sinus) Pediculosis Treatment (Nix)

Antibiotic Cream (Neosporin)

PROGRAM RESTRICTIONS

I have reviewed the program and activities of the camp and feel that my camper my participate (check one)

_____ without restrictions

_____ with restrictions (Describe below)

Are you worried about your campers ability to deal with homesickness? Yes No

If yes, what can we do to help if your camper is experiencing homesickness?

What have we forgotten to ask?

Please use the space below to provide us with any information that will help your camper be successful 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.

TERMS AND CONDITIONS

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 can not 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: _____

Print Name: _____

CAMPER RELEASE AUTHORIZATION

To comply with State of Michigan Law, YMCA Camp Copneconic must have the names of the adults you authorize to pick up your child. Please list such names and sign below.

Note: Photo Identification will be required to pick up your child at the time of EACH pick-up.

Please list all adults authorized to pick up your child, **INCLUDING YOURSELF**.

I give permission for _____ to be released to the following adults:
(Camper's Name)

Parent Signature: _____ Date: _____

Please select a security word to be used in the event that people listed above cannot pick up your child from their camp program. Both you and the person picking up the child will be asked to confirm the security word. Please contact the camp office before check-out if this occurs.

Security Word: _____

AUTHORIZATION FOR AUDIO/VISUAL RECORDS

I understand that the YMCA may take certain reasonable recording of this camping event. I hereby authorize the YMCA to have and use reasonable photographs, video, and audio/video records of my child for purposes of legitimate YMCA records, public relations, and/or advertising. I understand that photos may be shared to social media outlets.

Signature of Parent/Legal Guardian: _____ Date: _____

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: _____