



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:

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Please note any recurring health issues you camper experiences:

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Has your camper had any recent operations or serious injuries?

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

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### 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

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### 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

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### 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 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: \_\_\_\_\_

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.

#### While at YMCA Camp Copneconic:

- Campers will be honest and respectful of peers, camp staff, and themselves.
- Campers will follow directions and rules at camp.
- Campers will act peacefully to fellow campers and staff members.
- Campers will respect property belonging to any other campers, staff members, or Camp Copneconic.
- Campers will use/practice appropriate conduct and language.
- Campers will stay within the camp boundaries.
- Campers will do their best to ensure that everyone, including themselves, 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.

CAMPERS UNDERSTAND: 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.

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