

YMCA Camp Collins Health History Form

Revised
10/2011

Name _____ Age at camp _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Gender: Male Female

Custodial parent/guardian _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____ Pager _____

Second parent/guardian or Emergency Contact _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____ Pager _____

If not available in an emergency, call: _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____ Pager _____

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

If so, indicate carrier or plan name _____ Group # _____

Name of insured _____ Relationship to participant _____

Phone number of carrier _____ Birth date of Policy Holder _____

Health History The following information must be filled in by the parent/guardian, adult camper or staff member. We use this information to provide healthcare staff with background about the participant/staff and to educate counseling staff about camper needs. (Continued on reverse side)

Allergies: Please check all that apply to the participant.

This participant has no known allergies

This participant has an allergy to the following food(s): _____ This causes anaphylaxis..... Yes No
Describe the reaction if this food is eaten and what is done to manage it:

This participant is allergic to the following medication(s): _____ This causes anaphylaxis..... Yes No
Describe the reaction and how it has been managed:

This participant is allergic to the following substance(s): _____ This causes anaphylaxis..... Yes No
Describe the reaction and what is done to manage it (attach additional information if needed):

Diet: Please check those which apply to this participant. We can work with some medically prescribed diets but cannot cater to individual food preferences. Please call the camp office if you have questions regarding the participant's diet while at camp at 503.663.5813.

- Participant eats a regular, varied diet and is prepared to eat a wide range of foods. Other: _____
- Participant is a vegetarian of the following type Pollo-vegetarian (no pork or beef) Pesco (no beef, pork, turkey or chicken)
- Participant is lactose-intolerant. Lacto-ovo (no beef, pork, chicken, turkey or fish) Vegan (no meats, fish, eggs, dairy or honey)

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 the backside of this form and/or a physician. I attest that all immunizations required for school are up to date. I give permission to the medical personnel selected by YMCA Camp Collins to order X-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and provide or arrange necessary related transportation for myself/my child. 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 camper/staff _____ **Date** _____

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

Signature of minor participant/adult camper/staff _____ Date _____

Please Complete Both Sides

(continued from reverse side)

Name _____ Age at camp _____

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 concern(s):

- Asthma
- 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:

General Questions (Please explain "yes" answers below.)

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

Please explain any "yes" answers, note the number of the questions.

Name of Family Physician _____ Phone _____

Name of Family Dentist/Orthodontist _____ Phone _____

Which of the following has the participant had?

- Measles
- Chicken pox
- German measles
- Mumps
- Hepatitis

_____ Date of last TB Mantoux test Result _____

Please give dates of last immunization:

<i>Mth/Year Vaccine</i>	<i>Mth/Year Vaccine</i>
_____ DTP (Diphtheria, Tetanus, Pertussis)	_____ Hepatitis B
_____ Td (Tetanus booster)	_____ Varicella (Chicken Pox)
_____ MMR (Mumps, Measles, Rubella)	_____ Haemophilus influenzae B
_____ IPV/OPV (Polio)	

Medications

You will be asked to complete a "Medications Being Taken" card 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 place an X in the box next to those medications your camper SHOULD NOT be given:**

- Acetaminophen (Tylenol)
- Diphenhydramine (Benadryl)
- Sore throat drops/spray
- Pseudoephedrine
- Allergy Medication
- Cough Medicine
- Tinactin
- Nighttime Cold Formula
- Calamine Lotion
- Ibuprofen
- Generic cough drops
- Aloe
- Bismuth chew tablets
- Kaopectate
- Triple antibiotic cream

all okay (initial)

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.

For Office Use Only:

Information Verification and Health Screening completed by:

Staff Name _____ Date _____