

Session: _____
Session Dates: _____



YMCA Camp Icaghowan
Summer 2010
Health History Form

Return to:
YMCA Camp Icaghowan
2125 E. Hennepin Avenue
Suite 100
Minneapolis, MN 55413-1763
Fax: 612-465-0559

Camper Name: _____ **Birth Date:** _____ **Sex:** _____ **Age:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone: _____

Parent Contact Information: We will call in an emergency or if we have questions about your child's health. Provide contact information for yourself, as well as two other people should we be unable to reach you.

Parent Contact: _____ **Relation to Camper:** _____
Daytime Phone: _____ **Evening Phone:** _____ **Cell Phone:** _____

Second Contact: _____ **Relation to Camper:** _____
Daytime Phone: _____ **Evening Phone:** _____ **Cell Phone:** _____

If not available in an emergency, notify: **Name:** _____ **Relation to Camper:** _____
Daytime Phone: _____ **Evening Phone:** _____ **Cell Phone:** _____

Other Contact Information:

Name of Physician or Nurse Practitioner: _____ **Phone:** _____
Name of Dentist/Orthodontist: _____ **Phone:** _____

Parent/Guardian Authorization: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. **Emergency Authorization:** I authorize the YMCA staff to give reasonable First Aid, and to arrange to transport my child to a health care facility for emergency services as needed. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers and this form may be photocopied for use outside of camp. **Transportation Authorization:** My child has permission to be transported by the YMCA to and from camp and on other camp trips that are part of the program according to their registration. **Horseback Riding Waiver:** My child has permission to participate in the horseback riding program at YMCA Camp Icaghowan. As the parent/guardian of this minor child, I recognize the inherent risks that are involved in horseback riding and being around horses and agree to hold the YMCA harmless from any and all claims.

Signature: _____ **Date:** _____
Parent/Guardian of Minor Child

I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of Minor Child: _____ **Date:** _____

Health History - The Health History must be completed by the parent/guardian. Please provide complete information so we can do our best with your child. Mail or fax completed form to the Business Center no later than May 3, 2010. **Keep a copy of the completed form for your records** and note changes that occur and inform the Camp Director of changes via written notification.

Does the camper have a history of illness, injury or surgery that would affect participation? Yes No
If yes, please explain: _____
Any specific activities to be encouraged or limited by Physician's advice: _____

Has the camper had or been a carrier of a communicable disease (MRSA, VRE, Tuberculosis, etc)? Yes No
Dietary modifications or restrictions: _____

(For female campers) Has this person menstruated? _____ If yes, is her menstrual history normal? _____
If not, has she been told about it? _____

Camper Name: _____
Session(s): _____
Session Dates: _____

Chronic Concerns: Check all that pertain to this camper and provide information about supportive health care.

- | | | |
|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Convulsions/Epilepsy | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Sleep Disorder |
| <input type="checkbox"/> Frequent ear infections | <input type="checkbox"/> Bleeding/clotting disorders | <input type="checkbox"/> Other |
| <input type="checkbox"/> Heart defect/disease | | |

Provide information about supportive health care needed for each checked item (i.e. normal peak flow, normal blood sugar, etc.):

Allergies: Check those which apply to this camper.

- This camper has no known allergies.
- This camper is allergic to the following food(s): _____
Describe the reaction and what is done to manage it: _____
- This camper is allergic to the following medication(s): _____
Describe the reaction and what is done to manage it: _____
- This camper is allergic to these substances (bee stings, grasses, etc): _____
Describe the reaction and what is done to manage it: _____

Dietary Concerns: _____

Mental and Emotional Health: Circle "Yes" or "No" for each statement.

- | | | |
|---|-----|----|
| This camper has been diagnosed with Attention Deficit Disorder (ADD) or AD/HD. | Yes | No |
| This camper has psychiatric diagnosis such as depression, OCD, panic/anxiety disorder. | Yes | No |
| This camper has an emotional health concern (specify _____). | Yes | No |
| This camper has a learning disability (specify _____). | Yes | No |
| This camper has a developmental disorder, such as Asperger's Syndrome, Autism (specify _____). | Yes | No |
| This camper has seen or is currently seeing a professional to address mental/emotional health concern. | Yes | No |
| Is your child currently receiving any specialized services from their school district (speech therapy, resource room, etc). | Yes | No |
| Would you like your child to be considered for additional support while they are at Camp Icahowan? | Yes | No |

If "yes" was the answer to any question in this section, please attach a separate sheet of paper with more information or a statement from your Physician or Psychiatrist which:

- describes the concern and the camper's management plan (including medications) while in our program;
- describes the behaviors which would indicate to our staff that your camper needs professional referral;
- provides a recommendation for participation in the YMCA Camp Icahowan program.

Medication: Please list all medication (**prescription and over the counter**) that will be sent to camp with your child. All medication will be collected by the Camp Health Care Provider and will be kept in the camp Health Service Building. A Doctor's signature is not required for prescription medication if the medication is sent in the original container with all information clearly displayed. Send enough daily medication to last the entire session.

Please list prescription and over the counter medications separately:

- | | |
|--------------------------------------|--------------------------|
| Medication: _____ | Reason for taking: _____ |
| Dosage: _____ | Frequency: _____ |
| Possible side effects, if any: _____ | |
| Medication: _____ | Reason for taking: _____ |
| Dosage: _____ | Frequency: _____ |
| Possible side effects, if any: _____ | |
| Medication: _____ | Reason for taking: _____ |
| Dosage: _____ | Frequency: _____ |
| Possible side effects, if any: _____ | |
| Medication: _____ | Reason for taking: _____ |
| Dosage: _____ | Frequency: _____ |

Camper Name: _____
Session(s): _____
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Over the Counter Medication: The following is a list of non-prescription medications and ointments that **may not** be given to my child. _____

Parent/Guardian Signature: _____ **Date:** _____

Billing Information for Health Care: There is no charge for health care received from the provider at camp. If out-of-camp care is needed, the parent/guardian is responsible for all expenses incurred.

Do you carry family medical insurance? **Yes No** If yes, attach a photocopy of insurance card to this form.

Name of Insurance Provider: _____ Policy #: _____

Insured Name: _____ Insured's Birth Date: _____

Relationship to Patient: _____

Personality Traits

Please circle the following characteristics you feel best describes your child:

- | | | | |
|-------------|--------------|-----------|------------------|
| Tense | Shy | Helpful | Happy |
| Selfish | Follower | Leader | Easy Going |
| Cooperative | Nervous | Moody | Quick Learner |
| Aggressive | Antagonistic | Withdrawn | Needs extra time |

Does your child:

Make friends easily? **Yes No** Comments: _____

Have many friends? **Yes No** Comments: _____

Express feelings openly? **Yes No** Comments: _____

Describe your child's responsibilities in the family and community: _____

What type of discipline works with your child? _____

Are there any other things about your child's personality that his/her counselor should know? _____

Adjustment Factor

As the parent/guardian, do you anticipate any adjustment problem to camp living? **Yes No**

Explain: _____

Where do you expect your child to excel at camp? _____

Is this the first time your child has been away from home? **Yes No**

What is the longest period of time spent away from home? _____

Do you foresee your child being homesick at camp? **Yes No** Comments: _____

Has your child experienced any recent life changes that may effect his/her time at camp (divorce, death in the family, etc)? _____

Camper Name: _____
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Code of Conduct:

The YMCA of Metropolitan Minneapolis and YMCA Camp Icaghowan are committed to providing a safe and welcoming environment for all participants and guests. To promote safety and comfort for all, we ask individuals to act appropriately at all times when they are on our property or participating in our programs.

We expect persons participating at YMCA Camp Icaghowan to behave in a mature and responsible way and to respect the rights and dignity of others. Our Code of Conduct does not permit language or any action that can hurt or frighten another person or that falls below generally accepted standard of conduct. Specifically, this includes;

- Inappropriate attire. Appropriate attire must be worn at all times.
- Angry or vulgar language including swearing, name-calling or shouting.
- Physical contact with another person in any angry or threatening way.
- Any demonstration of sexual activity or sexual contact with another person.
- Harassment or intimidation by words, gestures, body language or any other menacing behavior.
- Theft or behavior which results in the destruction of property.
- Carrying or concealing any weapons or devices or objects which may be used as weapons.
- Using or possessing illegal chemicals or alcohol on YMCA property, in YMCA vehicles, or at YMCA sponsored programs.
- Any other conduct of an inappropriate, threatening or offensive nature.

The YMCA and its property is a smoke-free environment. Smoking is not permitted in or outside the YMCA. Participants and guests are encouraged to be responsible for their personal comfort and safety and ask any person whose behavior threatens their comfort to refrain. If a participant or guest feels uncomfortable in confronting the person directly, they should report the behavior to a staff person or the Camp Director. Participants and guests should not hesitate to notify a staff person or Camp Director if assistance is needed. We want to help.

In order to be able to carry out these policies, we ask that participants and guests identify themselves to staff when asked. The Camp Director or appropriate staff will investigate all incidents. Suspension or termination from YMCA Camp Icaghowan may result if it is determined by the Camp Director that a violation of the Code of Conduct has occurred.

Parent Signature: _____ **Date:** _____

Camper Signature: _____ **Date:** _____

By signing this form, you are acknowledging that you and your child have read, understand, and will abide by the conditions set forth in the Code of Conduct.

If for religious reasons you cannot sign this form, please contact YMCA Camp Icaghowan for a legal waiver that must be signed for attendance.

<p>Return by May 3, 2010 to: YMCA Camp Icaghowan YMCA Business Center 2125 Hennepin Avenue Suite 100 Minneapolis, MN 55413</p>
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