

YMCA Camp Weaver Health History Form

The following information must be filled out by the parent/guardian/adult camper. The intent of this information is to provide camp health care personnel with the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to the camp health care personnel upon participant's arrival in camp. Please provide complete information.

Session attending: _____

Mail to Camp Weaver 2 weeks prior to session. YMCA Camp Weaver, 4924 Tapawingo Trail, Greensboro, NC 27406

Camper's Name _____ Birth Date _____ Age at camp _____
Last First Middle

Home Address _____
Street Address City State Zip

Social Security Number of participant _____ Gender: Male Female

Custodial parent/guardian _____ Phone _____ Business/Cell Phone _____
 Address _____
Street Address City State Zip

Second Parent or Guardian: _____ Phone _____ Business/Cell Phone _____

Other Emergency Contact Name _____ Relationship _____
 Phone _____ Business/Cell Phone _____

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

- Has the camper:
 Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
 Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No
 During the past 12 months, seen a professional to address mental/emotional concerns? Yes No
 Had a significant life event that continues to affect the camper's life? Yes No

Please explain yes answers in space below:

Allergies: No known allergies This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.)
 Other (Please indicate below what the camper is allergic to and the reaction seen)

Diet, Nutrition: This camper eats a regular diet This camper eats a regular vegetarian diet
 This camper has special food needs (Please describe below)

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. (Please describe below)

Permission to Provide Necessary Treatment for Emergency Care: I hereby give my permission to the YMCA staff or any competent medical authority to provide, seek, and consent to routine health care, administration of medications, and emergency treatment for me/my child as may be necessary, including but not limited to x rays, routine tests and treatment and/or hospitalization. The health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Signature of parent or guardian of camper _____
 Printed Name _____ Date _____

I also understand and abide by the restrictions placed upon my camp activities.

Signature of camper _____ Date _____

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

For office use only. → Campers name

Session

Cabin name

Insurance Information: Is participant covered by family medical/hospital insurance? Yes No
 If so, indicate carrier or plan number _____ Group # _____
 Carrier Address _____
 Name of insured _____ Relationship to participant _____

Health-Care Providers:
 Name of camper's primary doctor(s): _____ Phone: (____) _____
 Name of dentist(s): _____ Phone: (____) _____
 Name of orthodontist(s): _____ Phone: (____) _____

The following non-prescription medications are commonly stocked in the camp infirmary are used on an as needed basis to manage illness and injury. **Cross out those items the camper should not be given.**

- | | |
|----------------------------|--|
| Acetaminophen (Tylenol) | Chlorasptic (Sore throat spray) |
| Ibuprofen (Advil, Motrin) | Lice shampoo or scabies cream (Nix or Elimite) |
| Phenylephrine (Sudafed PE) | Calamine Lotion |
| Pseudoephedrine (Sudafed) | Bismuth subsalicylate (Pepto-Bismol) |
| Chlorpheniramine maleate | Laxatives for constipation (Ex-Lax) |
| Guaifenesin | Hydrocortisone 1% cream |
| Dextromethorphan | Topical antibiotic cream |
| Diphenhydramine (Benadryl) | Aloe |
| Generic cough drops | |

Which of the following has the participant had?

- Measles
- Chicken Pox
- German Measles
- Mumps
- Hepatitis A
- Hepatitis B
- Hepatitis C

TB Mantoux Test
 Date of last test _____
 Result: Positive Negative

Please give all dates of immunization:

Vaccine:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	_____	_____	_____	_____	_____	_____
TD (Tetanus/diphtheria)	_____	_____	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____	_____
or Measles	_____	_____	_____	_____	_____	_____
or Mumps	_____	_____	_____	_____	_____	_____
Or Rubella	_____	_____	_____	_____	_____	_____
Haemophilus influenza B	_____	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____	_____
Varicella (chicken pox)	_____	_____	_____	_____	_____	_____
BCG	_____	_____	_____	_____	_____	_____

General Questions (Explain yes answers below)

Has/does the participant:		Y	N	Has/does the participant:		Y	N
1	Have a chronic or recurring illness/condition?			12	Ever had problems with joints (eg knees, ankles)?		
2	Have frequent headaches?			13	Have diabetes?		
3	Ever had a head injury?			14	Have any skin problems (eg. Itching, rash)?		
4	Ever been knocked unconscious?			15	Have asthma?		
5	Ever had high blood pressure?			16	Had mononucleosis in the past 12 months?		
6	Had any recent injury, illness or infectious disease?			17	Will your child need any prescription medications at camp?		
7	Ever had seizures?			18	Ever had an eating disorder?		
8	Ever had chest pain after exercise?			For Female:			
9	Ever had back problems?			19	Has this person menstruated?		
10	Ever had ear infections?			20	If so, is her menstrual history normal?		
11	Had any recent surgery?			21	If not, has she been told about it?		

Please explain any "yes" answers, noting the number of question(s)
