

# 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 1 week prior to beginning of camp session.  
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)

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