



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CAMP REED

2018 HEALTH HISTORY FORM / PARENT PERMISSION FORM

DUE JUNE 1, 2018

Any changes to this form should be provided in writing to the camp nurse upon participant's arrival in camp. Please provide complete information so that the camp is aware of participant's needs.

PLEASE INDICATE PROGRAM(S)

MINI SESSION _____
TRAD. WEEK _____
CIT GROUP _____
STAFF/JC _____

Participant's Name: _____ Nickname: _____

Male _____ Female _____ Date of Birth: ____/____/____ Grade (18/19 School Year) _____ Age as of June 1, 2018 _____

Parent / Guardian Name _____ Cell /Home Phone(____)____ - _____ Cell / Home Phone (____)____ - _____

Parent / Guardian Name _____ Cell /Home Phone (____)____ - _____ Cell / Home Phone (____)____ - _____

Home Address _____ City _____ State _____ Zip _____

Emergency Contact #1 _____ Relationship _____ Cell Phone(____)____ - _____ Addl Phone(____)____ - _____

Emergency Contact #2 _____ Relationship _____ Cell Phone(____)____ - _____ Addl Phone(____)____ - _____

*Parent/Guardian will be contacted first in an emergency. If unavailable, emergency contacts will be called.

MEDICAL INFORMATION

Name of family physician: _____ Phone (____)____ - _____

Name of family dentist/orthodontist: _____ Phone (____)____ - _____

PAYMENT INFORMATION (Required at clinic or hospital for any medical treatment)

Please indicate method of payment:

- Self-pay Please identify name & address of person responsible for payment _____
- Insurance Name of insured _____ Relationship to participant _____
Carrier or Plan name _____ Group # _____
- Medicaid Please attach a copy of your current coupon. Insurance ID# _____

*IMPORTANT - THIS BOX MUST BE COMPLETED FOR ATTENDANCE

As parent or legal guardian, I agree to release and hold harmless the YMCA of the Inland Northwest and YMCA Camp Reed, their agents, assistants, employees and co-sponsors for any damage or injuries, physical or mental, which may occur as a result of my child's participation in activities in connection with YMCA Camp Reed programs. I understand and certify that participation in YMCA Camp Reed activities is completely voluntary and I have had the opportunity to familiarize myself with the camp program and activities in which my child will be engaging. I recognize that certain hazards and dangers are inherent in YMCA Camp Reed programs and particularly but not limited to, the activities of archery, arts and crafts, BB marksmanship, biking, boating, day and night hiking, horseback riding, pottery, high and low ropes courses, rock climbing wall, rappelling, riflery, sports, swimming, waterfront games, and 1-7 mile overnight hiking trips. I further understand that 13-14 year old campers may take a 20-mile overnight bike trip which travels on public roads and that the CIT bike trip is 200 miles on public roads. All activities are more fully described on the YMCA Camp Reed website and program information, which I agree to read. I recognize the importance of knowing and abiding by YMCA Camp Reed's rules, regulations and procedures for the safety of camp participants. I acknowledge that although YMCA Camp Reed has taken safety measures to minimize the risk of injury to participants, YMCA Camp Reed cannot insure or guarantee that the participants, equipment, premises and/or activities will be free of all hazards, accidents or injuries. I understand that it is my responsibility to provide health insurance for my child. I certify that my child's information, as I have provided, is correct and complete as far as I know and it is my opinion that my child is physically, emotionally and mentally able to engage in all camp activities, except as specifically noted. I hereby give permission to the YMCA Camp Reed staff to provide routine health care, dispense prescribed and over-the-counter medications, and seek emergency medical or dental treatment including ordering x-rays or tests deemed necessary by the health care providers. I give permission to the YMCA Camp Reed staff to arrange necessary transportation. In the event I cannot be reached in an emergency, I hereby give permission to the medical provider selected by YMCA Camp Reed staff to secure and administer treatment, including hospitalization, for my child. If there are any changes to health information provided for my child, I agree to provide the camp nurse with updated and accurate information IN WRITING at the time of check in. I agree to the release of any records necessary for insurance purposes. I agree to allow the YMCA and YMCA Camp Reed to use my child's image for YMCA and YMCA Camp Reed publicity and marketing purposes. This completed form may be photocopied or reproduced for trips out of camp.

Signature of participant or parent/guardian if under 18: _____ Date: ____/____/____

PRINT FORM, SIGN & RETURN Printed Name _____

MEDICAL INFORMATION

Participant's Name: _____

PLEASE NOTE: If your camper/participant has special health needs (including but not limited to: diabetes, cardiac illness, severe asthma, seizures, serious behavioral issues, or severe allergies), you must contact the camp director for advance clearance. On a case by case basis, we consult with parent/guardian and our camp nurse to determine if accommodation and appropriate care is available.

PLEASE CHECK BOX:

- | | | | |
|-----------------------|---|---------------------------|--|
| Asthma | <input type="radio"/> Yes <input type="radio"/> No | ADD/ADHD | <input type="radio"/> Yes <input type="radio"/> No |
| Migraines | <input type="radio"/> Yes <input type="radio"/> No | Cardiac Defect/Disease | <input type="radio"/> Yes <input type="radio"/> No |
| Bedwetting | <input type="radio"/> Yes <input type="radio"/> No | Crohn's Disease | <input type="radio"/> Yes <input type="radio"/> No |
| Diabetes | <input type="radio"/> Yes <input type="radio"/> No | Serious Behavioral Issues | <input type="radio"/> Yes <input type="radio"/> No |
| Conditions Not Listed | <input type="radio"/> Yes* <input type="radio"/> No | Seizures | <input type="radio"/> Yes <input type="radio"/> No |

*Please describe _____

1. Describe and other significant PAST medical treatment or history: _____

2. Describe any CURRENT physical, developmental, or psychological conditions requiring medication, treatment, special restrictions or considerations while at camp: _____

3. Is the participant presently under the care of a physician for any conditions? Yes No
Name and phone number of treating physician: _____
Explain: _____

4. Describe any camp activities from which the participant should be exempted for health or developmental reasons: _____

5. Diet Accommodations * Nut Free Gluten Free Vegetarian

*Camp Reed can accommodate the special diets listed above.

PRESCRIPTION MEDICATIONS

Participant takes medication Yes No

If yes, please note the following instructions:

- At check-in, deliver any prescription medications to camp nurse and fill out a medication instruction card detailing dosage and frequency.
- Send in **original prescription bottle** and only enough for the length of camp. Do not withhold sending meds if participant takes them at home.
- Our on-site camp nurse dispenses all prescription medications. **No medications of any type are allowed with participant or in the cabins.**
- Last dispensing of medications is Friday night. Saturday morning meds are not given. Medications are packed in bags Saturday morning.

NON-PRESCRIPTION MEDICATIONS

Utilizing medical history and discretion, camp nurses will provide the following non-prescription medications in case of illness or injury.

I authorize the following non-prescription medications to be administered to participant by the camp nurse as needed:

Acetaminophen (Tylenol) Yes No Cough Syrup Yes No Antacid Yes No Ibuprofen Yes No

Loratadine (Claritin) Yes No Benadryl Yes No Sudafed Yes No

ALLERGIES: LIST ALL KNOWN. (Medications, food, environmental, etc.)

Allergy	Check all that apply	Describe severity, typical reaction and a preferred response
_____	<input type="checkbox"/> airborne / <input type="checkbox"/> ingested / <input type="checkbox"/> contact	_____
_____	<input type="checkbox"/> airborne / <input type="checkbox"/> ingested / <input type="checkbox"/> contact	_____
_____	<input type="checkbox"/> airborne / <input type="checkbox"/> ingested / <input type="checkbox"/> contact	_____
_____	<input type="checkbox"/> airborne / <input type="checkbox"/> ingested / <input type="checkbox"/> contact	_____

IMMUNIZATION HISTORY (MANDATORY) Is the participant current with the following:

Polio Yes No Mumps Yes No Rubella Yes No Diphtheria Yes No Pertussis Yes No Yes No

Is Tetanus Immunization current? Yes No Date, if known: _____

If camper is not vaccinated, please provide a Washington State Immunization Exemption form to YMCA Camp Reed before June 1, 2018. If your pediatrician and you participate in the online Washington Immunization Record, you can access your immunization information online at wa.myr.net.

LETTER TO MY COUNSELOR AT YMCA CAMP REED

Campers complete this page.

CAMP SESSION: _____

Dear Counselor:

My name is _____ My friends call me _____ I
am _____ years old. In Fall 2018 I will be in the _____ grade. My birthday is _____ I
have _____ brother(s); age(s) _____ I have _____ sister(s); age(s) _____

In my spare time, the things I like to do are _____

I am good at _____

I am coming to Camp Reed because _____

I hope to be able to do the following things at Camp Reed this summer _____

When I am at Camp Reed I don't want to _____

I get along with friends who _____

Last summer I _____

See You Soon!

Signature

I would also like you to know: _____

LETTER TO MY CHILD'S COUNSELOR AT YMCA CAMP REED

Parents complete this page.

Name of Camper: _____

Mail, fax, email or drop-off this form & health history form.
YMCA Camp Reed 1126 N Monroe Spokane, WA 99201
P 509 777 9622 | F 509 343 4096 | CampReed@ymcaspokane.org

Dear Counselor:

This is my child's _____ year at summer overnight camp and _____ at YMCA Camp Reed.

I wanted my child to go to camp because _____

While at camp, I hope my child _____

My child is:

Most happy when _____

Most unhappy when _____

Enthusiastic about _____

Not fond of _____

Apt to be afraid of _____

Is _____ at taking care of their personal belongings.

What behaviors do you most often have to speak to your child about? _____

What methods of correcting these behaviors have you found effective? _____

My child lives with (please name): Parent(s)/Guardian(s) _____

Brother(s) _____ Sister(s) _____ Others _____

My child has the following responsibilities at home _____

My child is allergic to:

Allergy

Check all that apply

Describe severity, typical reaction, preferred response

_____ airborne / ingested / contact _____

_____ airborne / ingested / contact _____

_____ airborne / ingested / contact _____

Does your child have a learning, emotional or behavior condition? If yes, please explain _____

Anything else you would like us to know? _____

_____ () - _____ () - _____

Parent/Guardian signature

Cell phone number

Back-up phone number

* If there is something of special importance or a major concern, please speak directly to your child's camp counselor at check-in.