



YMCA Camp High Harbour Services Camper Health Form 2009

This form must be renewed annually.

This form is to be completely filled out by the parent/guardians. If the form is not completely filled out by the day of check-in, you will be asked to FAX the required information within 24 hours.

*Camper will need a physical within the last 24 months, this page needs to be completed by your child's physician.

• Please fill out and **HAND DELIVER TO COUNSELOR** on opening day. Health forms must be filled out annually. Thank you!

GENERAL INFORMATION

Last Name _____ **First Name** _____
 Birth Date _____ Age at Camp _____ Sex _____

Site: Lake Burton _____ Cha-La-Kee _____ Rabun Gap _____

Session # : (Circle one) 1 2 3 4 5 6 7 8 9

(If you are registered for more than one session please make a copy of your campers health form and bring it to each session on opening day.)

Cabin : (Circle One) Sunshine 1 2 3 4 Bullpups 5 6 7 8
 Watersports Trailblazers LIT ALC

Legal Parent/Guardian Name _____ Home Address _____ City, State, Zip _____ Home Phone () _____ Cell Phone () _____ Other Phone _____
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Second Parent/Guardian Name _____ Home Address _____ City, State, Zip _____ Home Phone () _____ Cell Phone () _____ Other Phone _____

Hotel (if traveling) _____ Phone number(_____) _____
 Additional Emergency Contacts (ONE CONTACT MUST BE A RELATIVE)

Name of Relative _____ Home Phone () _____ Cell Phone () _____ _____ Relationship to Camper _____
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Name : _____ Home Phone () _____ Cell Phone () _____ _____ Relationship to Camper _____
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Allergies: No known allergies This camper is allergic to: Food Medicine Environment (insect stings,hay fever,etc). Other
 (Please describe below what camper is allergic to and reaction seen)

Diet/Nutrition: Camper eats a regular diet. Camper eats a regular vegetarian diet.
 Camper has a special food need. (Please describe below.) Please contact camp office for further discussion.

Additional Health History Questions following page:

DATE OF LAST TETANUS VACCINE: Month _____ Year _____
 (THIS DATE MUST BE FILLED IN)

This shot is required by the school. We need to know the date of last vaccination.
 This shot will be administered in case of need. See page 4.

Last Name:

First Name

YMCA Camp High Harbour Services

Camper Health Form

Last Name:

First Name

General Health History: Circle "Yes" or "No" for each statement. Explain "Yes" to answers below.

Has/does the camper:

- | | | | | | |
|--|-----|----|--|-----|----|
| 1. Ever been hospitalized? | Yes | No | 8. Had a fainting or dizziness? | Yes | No |
| 2. Ever had surgery? | Yes | No | 9. Passed out/had chest pain during exercise? | Yes | No |
| 3. Have a recurrent or chronic illness? | Yes | No | 10. Had mononucleosis (mono) during the past 12mths? | Yes | No |
| 4. Had a recent infectious disease? | Yes | No | 11. Have problems with falling asleep/sleepwalking? | Yes | No |
| 5. Have a recent injury? | Yes | No | 12. Have a history of bedwetting? | Yes | No |
| 6. Had headaches? | Yes | No | 13. Have any skin problems? | Yes | No |
| 7. Have problems with diarrhea/constipation? | Yes | No | | | |

Please explain "Yes" answers in the space below.

Mental, Emotional, and Social Health. Circle "Yes" or "No" for each statement. Explain "Yes" to answers below.

Has the camper:

- | | | |
|--|-----|----|
| 1. Ever been treated for ADD or ADHD? | Yes | No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder? | Yes | No |
| 3. During the last 12 months, seen a professional to address mental/emotional health concerns? | Yes | No |
| 4. Had a significant life event that continues to affect the campers life? | Yes | No |

(History of abuse, death of a loved one, family change, adoption, foster care, new siblings, survived a disaster, others)

Please explain "Yes" answers in the space below.

*** NEW Over-the-counter (OTC) Medications**

The following medications will be the **only over the counter medicines** stocked in the camp infirmary. These will be available on an "as needed" basis. **If your camper requires any other kind of OTC medication, you will need to bring it to camp and check it into the infirmary.** If your child suffers from seasonal allergies, due to the nature of camp, it is recommended you send any medication they may need. **Please cross out any medicines below your child is not to be given.**

- | | | |
|---------------------------|---------------------|---------------------|
| Acetaminophen (Tylenol) | Peroxide | Sting Pads |
| Ibuprofen (Advil, Motrin) | Antibiotic Ointment | Generic Cough Drops |
| Benadryl | Aloe Vera | |
| Tums | Hydrocortisone | |
| Ivy Rid/Ivy Dry | Lice Shampoo (Nix) | |

ADD/ADHD Medications

Please inform your physician that your camper will be attending a structured residential camp experience that requires rules and social cues, just as in a school setting but on a longer day. Some medications are water soluble and campers will be active and quite warm outdoors, your physician may want to adjust dosage. Since complications sometimes arise with discontinuation of prescription medication, please do not send campers to camp that have recently discontinued their use.

YMCA Camp High Harbour Services Health Form

IV. PHYSICIAN INFORMATION

Please Note: A Copy of insurance card and prescription card must be attached to health form. See page 4

Name of Physician _____ Phone (____) _____
Name of Dentist _____ Phone (____) _____
Name of Orthodontist _____ Phone (____) _____

Complete the following :

Name of Insurance Co. _____
Name of Policy Holder _____
Policy or Group Number _____
Address _____
Phone (____) _____

V. EMERGENCY AUTHORIZATION

By signing this form I hereby give permission to the medical personnel selected by the Camp Director to order X-Ray, routine tests and treatment for my camper, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or surgery for my camper as named above. I also give permission to the Camp nurse to administer over - the- counter medications and physician ordered medication in cases deemed necessary by the Camp Medical Staff and the Camp Director. I give permission to disclose all information to staff and all personnel that will be involve with the care of your camper. This health history is correct so far as I know, and the person herein has permission to engage in all prescribed camp activities except as noted.

VI. YOUR CONSENT AND RELEASE

* I HEREBY AGREE TO RELEASE AND HOLD HARMLESS the YMCA, its employees and volunteers, from loss, claim of bodily injury or property damage, or costs which may arise due to my use of the YMCA's facilities and equipment and my participation in YMCA programs. This agreement shall be governed by the laws of Georgia.

* I authorize the use and reproduction of any and all photographs or video footage for YMCA promotional purposes without compensation, and I understand that it is the personal responsibility of members and their guest(s) to avoid being photographed if they so desire.

* By signing this form, I agree that I have read this entire form and understand my responsibilities and conduct in YMCA programs and activities.

EMERGENCY AUTHORIZATION _____
(PARENT OR LEGAL GUARDIAN ONLY)

WITNESS _____ DATE _____

I give permission for the following individuals to pick up my camper:

1. _____ 2. _____ 3. _____

Please note here if there is anyone that should not pick up your camper while at camp: _____

Last Name:

First Name

YMCA Camp High Harbour Services Health Form

CAMP HEALTH SCREEN CHECK LIST

VII. CAMP HEALTH SCREENING

Please complete this portion with the Counselor upon arrival to your child's cabin.
 Note any symptoms that have occurred within the last 24 - 48 hours.
ALL Medication including over - the - counter medication must be checked - in at the
 Infirmary with the Registered Nurse. Thank you for your cooperation.

<u>Symptom</u>	<u>Present</u>	<u>Absent</u>		
Fever	_____	_____		
Open wound	_____	_____		
Bruises	_____	_____		
Ear pain	_____	_____		
Sore throat	_____	_____		
Cough	_____	_____		
Runny nose	_____	_____		
Pink or red eye (s)	_____	_____		
Burning while urinating	_____	_____		
Lice	_____	_____		
Swimming Ability (Circle One)	Non- swimmer	Beginner	Intermediate	Advanced

Parent's Signature _____
 Staff Signature _____

NOTE: Should your camper reach a temperature over 101.5 degrees, be infirmed more then 24 hours, have excess vomiting, or need outside medical attention, parents will be notified by the camp medical staff or director.

Please place front copy of insurance card here.

Please place front copy of prescription card here.

Please place back copy of insurance card here.

Please place back copy of prescription card here.

Last Name: _____
 First Name _____



**YMCA of Metro Atlanta, Inc & YMCA Camp High Harbour
RELEASE, WAIVER, INDEMNIFICATION, AND HEALTH AFFIRMATION
For Summer Camp Programs**

By signing this Release, Waiver, Indemnification, and Health Affirmation below, I intend to be legally bound hereby, for myself, my wards, my heirs, executors, administrators, successors, and assigns, and in consideration of YMCA of Metro Atlanta, Inc. ("YMCAMA") permitting my child to attend and participate in activities at YMCAMA's facility YMCA Camp High Harbour. I hereby release and forever discharge YMCAMA and any of its officers, directors, employees, and agents from and against any and all damages of any kind whatsoever arising out of any injury, illness, infirmity, disease, or loss of any kind, personal or property, to me/my child/my ward during or related to my attendance at YMCA Camp High Harbour. I understand and certify that the participation in activities at YMCA Camp High Harbour is completely voluntary and I have familiarized myself with the program and activities at YMCA Camp High Harbour in which my child will be participating. I recognize that certain hazards and dangers are inherent in YMCA Camp High Harbour activities and programs, and I acknowledge that YMCAMA cannot ensure or guarantee that the participants, equipment, premises and/or activities will be free of hazards, accidents and/or injuries. I further recognize, my child will be attending and participating in activities at YMCA Camp High Harbour, and they understand the importance of knowing and abiding by the rules, regulations, and procedures for campers at YMCA Camp High Harbour. I also agree to defend, indemnify and hold YMCAMA and its officers, employees, and agents harmless from and against any and all damages, cost, claims, demands, action or causes of action sustained by any other person as a result of my participation at YMCA Camp High Harbour caused in whole or in part by the negligence of YMCAMA, its officers, directors, employees or agents; provided, however, that this provision shall not operate to require indemnification for any gross negligence or willful misconduct of YMCAMA. Further, I attest that my Health Insurance will cover any medical and hospital expense that my child/ward may incur and that I have received approval from a licensed Doctor, authorizing my child/ward to participate in at least some of the activities at YMCA Camp High Harbour. I further agree to inform YMCA Camp High Harbour of any activities in which my child/ward is not to participate.

I have read and hereby accept the conditions described above. As an adult and the legal guardian of a minor applicant, I give permission for my minor child or ward to be treated by a doctor if the Camp Director or Camp Nurse deem necessary

Parent/Guardian Signature: _____ Date: _____

Name of Minor Child or Ward : _____