



YMCA CAMP WAPSIE

HEALTH HISTORY FORM / PARENT PERMISSION FORM DUE MAY 1

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

PLEASE INDICATE PROGRAM

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Village | <input type="checkbox"/> Day Camp |
| <input type="checkbox"/> Cabin Camper | <input type="checkbox"/> LIT |
| <input type="checkbox"/> Ranger | <input type="checkbox"/> CIT |
| <input type="checkbox"/> Trip | <input type="checkbox"/> Staff |

Week/Session(s) _____

Please add all sessions your child will attend.

Participant's Name: _____ Nickname: _____

Gender: _____ Date of Birth: ____/____/____ Grade (upcoming school year): _____ Age as of May 1: _____

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

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

Home Address _____ City _____ State _____ Zip _____

Emergency Contact 1 _____ Relationship _____ Cell # (____)____-____ Alternate # (____)____-____

Emergency Contact 2 _____ Relationship _____ Cell # (____)____-____ Alternate # (____)____-____

*Parent/guardian will be contacted first in an emergency. If parent/guardian is unreachable, emergency contacts will be called.

MEDICAL INFORMATION

Name of Family Physician: _____ Phone: (____)____-____

Name of Family Dentist/ Orthodontist: _____ Phone: (____)____-____

Please attach health insurance information OR complete questions below. (Required at clinic or hospital for any medical treatment)

Self-pay/No Insurance at this time (Please indicate name and address of person responsible for payment)

Name: _____ Address: _____

Private Insurance Insurance Company _____

Group # _____ Policy #: _____ Policy holder D.O.B ____/____/____

Name of Insured _____ Relationship to participant _____

PRESCRIPTION MEDICATIONS

The participant takes medication: Yes No *If yes, please note the following instructions:*

- Deliver any medications to Health Staff at check-in and fill out a medication instruction card detailing dosage and frequency.
- Send in the original prescription bottle and only enough for the length of camp.
- Do not refrain from sending meds if participants take at home.
- Our on-site health center staff collects and dispenses all medications. No medications are allowed with participants in living units.

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Has Camper begun Menstruation? Yes No If not have they been told about it? Yes No

Do they have a normal Menstrual Cycle Yes No Do they have permission and know how to use a tampon? Yes No

NON-PRESCRIPTION MEDICATIONS

Camp Staff will monitor the day-to-day needs of campers and may administer non-prescription medications, per package instructions, in the case of illness or injury. Utilizing medical history and discretion, camp staff may also administer Band-Aids and feminine products. I authorize the following non-prescription medications to be administered to participants by the camp health care provider as needed:

Acetaminophen (Tylenol)	Yes	No	Benadryl	Yes	No
Ibuprofen	Yes	No	Antacid	Yes	No
Cough Syrup/Drops	Yes	No	Sudafed	Yes	No

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PLEASE NOTE: If your 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 health care provider to determine if accommodation and appropriate care is available.

PLEASE CHECK ALL BOXES (a response is needed for each)

ADD/ADHD	Yes	No	Crohn's Disease	Yes	No	Hepatitis	Yes	No
Asthma/Bronchitis	Yes	No	Diabetes	Yes	No	HIV or AIDS	Yes	No
Bedwetting	Yes	No	Epilepsy or Seizures	Yes	No	Migraines	Yes	No
Bleeding/Clotting Issues	Yes	No	Fainting	Yes	No	Sleepwalking	<input type="checkbox"/> Yes	No
Cardiac Defect/Disease	Yes	No	Frequent Ear Infections	Yes	No	*Conditions Not Listed	Yes	No

*Please describe _____

1. Describe any 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 exempt for health or developmental reasons: _____

5. Food Allergy: Dairy Soy Eggs Peanuts Tree Nuts Fish Wheat Other _____

6. Diet Accommodations: Please complete if your child has a food allergy or special diet and provide more information below

Special Diet: Vegetarian Vegan Gluten (Celiac) Gluten Sensitivity Lactose

7. Please explain any other special diet needs or restrictions: _____

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

Allergy	Check all that apply.			Describe the reaction, severity and a preferred response:
_____	airborne	ingested	contact	_____
_____	airborne	ingested	contact	_____
_____	airborne	ingested	contact	_____

9. Does child carry an epi-pen? Yes No Why? _____

IMMUNIZATION HISTORY:

COVID - 19 Date of Most Recent Vaccination: Month _____ Year _____

Date of last Tetanus shot: Month _____ Year _____

As guardian of the above-mentioned child, I attest my child has all up-to-date school-required immunizations. Yes No

This health history is accurate so far as I know and the above-stated person has my permission to visit and participate in all activities, except as noted above, at YMCA Camp Wapsie. I hereby give permission for the camp staff to provide routine health care, administer prescribed and nonprescription medication, arrange necessary transportation, seek emergency medical treatment, including X-rays, routine tests, injections and/or anesthesia and/or surgery, for camper named above. I understand all precautions will be taken for camper care and supervision. I entrust care of my child to camp staff during their visit. Beyond this I will not hold camp staff, Camp Wapsie or the YMCA responsible or liable.

By signing my name here I agree to the above information: _____

Letter to MY CHILD'S Counselor at YMCA Camp Wapsie

Name of camper: _____ Program(s): _____ Week(s): _____

Dear Counselor,

This is my camper's _____ year at overnight / day camp and _____ year at Camp Wapsie.

I want my camper to attend Camp Wapsie because: _____

While at camp, I hope my camper: _____

My camper is...

... most happy when: _____

... most unhappy when: _____

... enthusiastic about: _____

... not fond of: _____

... apt to be afraid of: _____

Describe the camper's activity level: Very Active Active Moderately Active Inactive

Comments: _____

They are _____ at taking care of personal belongings.

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

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

Has your camper had problems with peers? If yes, please explain: _____

My camper lives with (please name): Parent(s)/Guardians(s) _____

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

My camper has the following responsibilities at home: _____

Does your camper have a learning, emotional, or behavioral condition? If yes, please explain:

Anything else you would like us to know? _____

Parent/Guardian

Primary phone number

Secondary phone number

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

_____ Updated: 1/2024

Letter to MY COUNSELOR at YMCA Camp Wapsie

My name is _____. My friends call me _____.

I am _____ years old. After next summer I will be entering _____ grade.

My birthday is _____. I have _____ brother(s),

age(s) _____. I have _____ sister(s), age(s) _____.

The things I like to do for fun are: _____

I am good at: _____

I am coming to Camp Wapsie because: _____

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

When I am at Camp Wapsie I don't want to: _____

I get along with friends who: _____

Last summer I: _____

I would also like you to know: _____

See you soon at Wapsie!