YMCA CAMP WAPSIE

HEALTH HISTORY FORM - DUE MAY 1

This Health History & Medical Authorization Form and Waiver (the "Form") authorizes YMCA Camp Wapsie ("Camp") staff to provide routine and emergency medical care for your child while attending Camp. Please read carefully, complete all sections, and keep a copy for your records

PLEASE INDICATE PROGRAM

- ☐ Village
- ☐ Cabin Camper
- ☐ Ranger
- ☐ Trip
- ☐ Day Camp
- ☐ LIT
- ☐ CIT
- ☐ Staff

Week/session_____

Please include 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 (_____)_____-_____ Alt. Phone (_____)_____-_____

Parent/Guardian Name_____ Cell Phone (_____)_____-_____ Alt. Phone (____)_____-_____

Home Address_____ City_____ State_____ Zip_____

Emergency Contact 1_____Relationship_____Cell (_____)_____-_____ Alt.(_____)_____-_____

Emergency Contact 2_____ Relationship_____ Cell (_____)_____-_____ Alt. (____)_____-_____

*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 complete health insurance information 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 _____

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

Name of Insured _____ Relationship to participant _____

PRESCRIPTION MEDICATIONS

The participant takes medication: ☐ No ☐ Yes 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 camphealth 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	

MEDICAL INFORMATION PAGE 2 Participant's Name: _____

PLEASE NOTE: If your participant has special health needs (including but not limited to diabetes, cardiac illness, mental health concerns, 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	Mental Health Concerns	☐ Yes	☐ No
Bleeding/Clotting Issues	☐ Yes	☐ No	Fainting	☐ Yes	☐ No	Migraines	☐ Yes	☐ No
Cardiac Defect/Disease	☐ Yes	☐ No	Frequent Ear Infections	☐ Yes	☐ No	Sleepwalking	☐ Yes	☐ No

Describe above "Yes" responses and any conditions not listed:_____

_____

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 ☐ Eggs ☐ Fish ☐ Gluten Sensitivity ☐ Gluten (Celiac) ☐ Soy ☐ Peanuts ☐ Tree Nuts ☐ None

Other _____

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

☐ Celiac ☐ Lactose Intolerance ☐ Perscatarian ☐ Vegan ☐ Vegetarian ☐ None ☐ Other _____

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

I certify that the health history information provided for my child is complete and accurate to the best of my knowledge. I understand that it is my responsibility to notify Camp of any changes in my child's physical, mental, or emotional health prior to or during Camp participation.

I hereby give permission for my child to participate in all Camp activities, except as specifically noted. I authorize Camp staff, acting in good faith and exercising reasonable judgment, to provide or arrange for routine health care, first aid, and emergency medical treatment for my child. This authorization includes, but is not limited to, diagnostic procedures, administration of prescribed and over-the-counter medications as directed, emergency transportation, and medical or surgical treatment deemed necessary by licensed medical professionals.

I understand that reasonable efforts will be made to contact me in the event of illness or injury. However, if I cannot be reached, I authorize Camp to act on my behalf to secure necessary medical care. I acknowledge that participation in Camp activities involves inherent risks, and I agree that Camp, its employees, volunteers, and agents shall not be held liable for medical decisions made in good faith in response to an emergency or health situation, except in cases of willful or wanton misconduct, and I hereby waive any claims against Camp, its employees, volunteers, and agents for such illness or injury.

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:1/2026

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!

_____Updated:1/2026