

CAMP FOSTER YMCA

HEALTH HISTORY FORM

Mail Form To: St. Florian Fire and Burn Foundation, Miracle Burn Camp, PO Box 117, Marengo, IA 52301

Email Form To: miracleburncamp@gmail.com

T-Shirt Size: Youth M L XL

(Please circle size) Adult S M L XL XXL XXXL

CAMPER CONTACT INFORMATION:

Camper's Name: Last _____ First _____ M.I. ____ D.O. B. _____

Please Circle: Male / Female Address _____

Primary Guardian's Name/Address: _____

Primary Guardian's Best Phone: _____ Alternate Phone: _____

Secondary Guardian's Name/Address: _____

Secondary Guardian's Best Phone: _____ Alternate Phone: _____

Other Emergency Contact: _____ Relation to Camper: _____

Other Emergency Contact's Guardian's Best Phone: _____ Alternate Phone: _____

E-Mail address _____



CAMPER HEALTH INSURANCE INFORMATION:

A photocopy of BOTH sides of your health insurance, Medicaid, or Title XIX card MUST be attached to this form. If you do not have health insurance, please indicate so here: _____



CAMPER MEDICAL INFORMATION:

Name of Family Physician: _____ Phone: _____

Name of Family Dentist: _____ Phone: _____



IMMUNIZATION HISTORY:

I hereby verify that my child is current on all immunizations required for school. Please check box to verify.

If no, please explain: _____

Date of Last Tetanus Shot: ____ / ____ / ____

GENERAL PHYSICAL HEALTH HISTORY: Please check if any of the below apply.

- Recent injury, illness, or infectious disease
- Chronic or recurring illness/condition
- Ever had surgery
- Ever had seizures
- Skin conditions
- Diabetes
- Asthma
- Sleepwalking or night terrors
- History of bedwetting
- Wakes in night to use restroom
- History of being afraid of dark
- History of noise while sleeping (snores, talks, etc.)
- Frequent ear infections
- Heart defect/disease
- Blood disorder (Hepatitis, HIV, clotting, etc.)
- Nosebleeds
- Hypertension
- Mononucleosis
- Chicken Pox
- Measles/German Measles
- Mumps
- Contact lenses or glasses
- Braces, retainers, or other dental items
- Have any restrictions to activities (what cannot be done/adaptations/limitations necessary)
- Dietary restrictions (vegetarian, vegan, lactose intolerant, gluten, etc.)
- Additional concerns camp should be aware of (behavior, physical, emotional health, etc)

Please explain all checked items: _____

GENERAL MENTAL HEALTH HISTORY: Please check if any of the below apply.

- Ever had professional help for behavioral or emotional difficulties
- Attention Deficit Hyperactivity Disorder
- Tic Disorder
- Autism Spectrum Disorder
- Depression
- Schizophrenia
- Pervasive Development Disorder
- Learning Disability
- Mental Health Hospitalization
- Anxiety
- Tourette’s Syndrome
- Behavior Disorder
- Obsessive Compulsive Disorder
- Bipolar Disorder
- Oppositional Defiant Disorder


****If your child has an IEP or behavior plan, please provide current copy**

Please explain all checked items: _____

 **ALLERGIES:** Please check if any of the below apply. If indicated, please state if the allergy is mild, moderate, or severe AND if the allergy is contact or airborne.

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Horses | <input type="checkbox"/> Food _____ |
| <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Peanut |
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Tree Nut |
| <input type="checkbox"/> Environmental (pollen, trees, mold) | <input type="checkbox"/> Other _____ |

Severity of Allergy Reaction and Action Plan for your child:

 **MEDICATIONS:** Please list ALL medications (including over-the-counter and non-prescription) medications being taken routinely by the camper. Bring enough medication to last the entire stay at camp. **All medication must be in its original packaging that identifies the prescribing physician (if prescribed), the name of the medication, dosage, and frequency.**

- This camper does not take any medication.
- This camper takes routine medication (including vitamins) as follows:

Medication	Dosage	Frequency (AM/PM)	Reason for Taking

The following medications may be dispensed by our Health Director. Please cross out any medications which your camper **SHOULD NOT** be given:

Acetaminophen (Tylenol)	Ibuprofen	Kid's Tums	Children's Pepto	Chewable Antacid
Children's Liquid Acetaminophen	Imodium A-D	Milk of Magnesia	Anti-itch Cream	Chewable Stomach Relief
Children's Chewable Acetaminophen	Rubbing Alcohol	Suphedrine HCL	Hydrogen Peroxide	Omeprazole Acid Reducer
Children's Liquid Ibuprofen	Aloe Vera	Latex Band-aids	Aloe Spray	ChlorTabs(Allergy Relief)
Children's Chewable Ibuprofen	Vapor Rub	Hydrocortisone Cream	Poison Ivy Itch Relief (Ivarest)	Loratadine(Allergy Relief)
Daytime/nighttime Cold & Flu	Epsom Salt	Diaper Rash Relief	Cough Drops	Diphenhydramine HCL (Benadryl)
Liquid Children's Allergy Relief	Gas Relief	A+D Skin Protectant	Nasal Decongestant (Phenylephrine HCL)	
Redness Reliever Sterile Eye Drops	Cough DM Cough Syrup			

PARENT’S AUTHORIZATION:

I authorize the chosen medical provider and associated physicians to release to the Medicaid, Title XIX, or insurance carriers, any information needed for this or a related claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits either to myself or to the party who accepts the assignment on all future claims. I understand that I am financially responsible for all charges incurred.

I hereby give permission to the medical personnel selected by the Camp Director to provide routine health care; to administer medications; to order x-rays, routine tests, and treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician(s) selected by the Camp Director to secure and administer treatment, including hospitalization, for the camper named above. Camp Foster YMCA will make every attempt to notify you before making a doctor’s appointment or an emergency room visit for your child while they are in our care. All minor medical needs will be cared for by the on-site Health Director, without notification to parents.

As parent or guardian of _____, I hereby give permission for participation in programs at Camp Foster YMCA. I acknowledge that my child is emotionally, mentally, and physically able to participate in activities at Camp Foster YMCA and I understand there are certain risks associated with those activities, including but not limited to: horseback riding, swimming, climbing, zip lining, riflery, paintball, and boating. I assume the risks to my child or children associated with those activities. I release the Camp Foster YMCA staff and volunteers from any liabilities in case of injury. I understand that I am responsible for insurance coverage for my child.

Camp Foster YMCA and the YMCA of the Okobojis have my permission to use any photographs, videos, or other media of my child in promotional material.

Primary Guardian Signature

Secondary Guardian Signature

FOR CAMP USE ONLY

Is all of the information current? YES NO Explain: _____

ASK THE CAMPER: How are you feeling today? YES NO Explain: _____
Have you been sick in the last two days? _____

Has camper been seen by a doctor in the last 2 weeks? YES NO Explain: _____

Does the camper have any medications? YES NO If yes, meds must be taken to Health Director

Screened: __/__/__ By: _____

CAMPER INFORMATION FORM

Working together is the best way we have of helping your child have a safe, happy, and positive time at Camp Foster. By providing us with information about your child before they arrive at camp, we can better prepare our counselors and camp staff. Call or email if you would like to discuss anything in greater detail or if you would feel more comfortable talking to us rather than putting it on this form. **This camper information form will be shared with your child's counselor and other camp staff as necessary and will be used intelligently in the interests of your child.** The health form is only shared with our health staff and camp director(s) as needed.

CAMPER NAME: _____ **BIRTHDATE:** ___/___/___ **AGE at CAMP:** _____

FAMILY INFORMATION

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Camper lives with: Both Parents/Guardians Parent/Guardian 1 Parent/Guardian 2 Other: _____

Are there any custody issues/restrictions? No Yes: _____

Does the camper have siblings? No Yes: # of brothers ___ Ages: _____ # of sisters: ___ Ages: _____

Have any major life-events occurred recently? No Yes: _____

CAMPER INFORMATION

Personality Traits: Please mark the following characteristics that you feel best describes your camper.

- | | | | | | |
|------------------------------------|------------------------------------|---|---|---|--------------------------------------|
| <input type="checkbox"/> Cautious | <input type="checkbox"/> Nervous | <input type="checkbox"/> Loner/Withdrawn | <input type="checkbox"/> Shy | <input type="checkbox"/> Quick Learner | <input type="checkbox"/> Helpful |
| <input type="checkbox"/> Excitable | <input type="checkbox"/> Chatty | <input type="checkbox"/> Moody | <input type="checkbox"/> Happy | <input type="checkbox"/> Bossy | <input type="checkbox"/> Follower |
| <input type="checkbox"/> Outgoing | <input type="checkbox"/> Whiny | <input type="checkbox"/> Cries easily | <input type="checkbox"/> Energetic | <input type="checkbox"/> Lazy | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Stubborn | <input type="checkbox"/> Sensitive | <input type="checkbox"/> Antagonistic | <input type="checkbox"/> Easy going | <input type="checkbox"/> Leader | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Selfish | <input type="checkbox"/> Sloppy | <input type="checkbox"/> Highly competitive | <input type="checkbox"/> Meticulous | <input type="checkbox"/> Likeable | <input type="checkbox"/> Territorial |
| <input type="checkbox"/> Quiet | <input type="checkbox"/> "Nerdy" | <input type="checkbox"/> Has a temper | <input type="checkbox"/> Hides emotions | <input type="checkbox"/> Sense of humor | |

Friends: Few Many Older Younger Same age Makes Friends: Quickly Easily Is a Challenge

Has the Child been away from home before? No Yes For how long? _____

Camper: Athletic Reads frequently Enjoys crafts/art Enjoys swimming Enjoys music

Other hobbies/interests: _____

Camper may need extra time for: _____

Camper's swimming ability: Fears water Non-swimmer Fair Good

Does camper tend towards? Nervousness Earache Bedwetting Sleepwalking Phobia _____

Active Homesickness Sun sensitivity Other? _____

MEDICAL/BEHAVIOR INFORMATION

My child has the following physical, cognitive, emotional, and/or behavioral issues: _____

My child is currently taking medications and needs them at the following times: _____

My child is allergic to the following and this is how they react: _____

My child has the following eating habits and/or special dietary needs: _____

My child follows this routine at bedtime: _____

My child feels most happy when: _____

My child feels shy, anxious, or scared when: _____

When my child is upset, we use these behavior management strategies: _____

We want your camper to have an amazing experience! Use the space below to write a note directly to your child’s counselor. You can share your expectations for his/her time at camp or list any additional information we need to know to better serve your child (Feel free to use additional pages):

CAMPER SECTION (Please help your camper fill out this section, we recommend filling it out first)

We are VERY excited that you are coming to camp! We hope you are just as excited, but we also know that coming to camp can be a bit worrisome, especially if this is your first time at Camp Foster. Your counselors want to know all about you, that way they can help you have a great time at camp. Please tell us about yourself....

My name is: _____ I liked to be called: _____. In my free time, I like to (ex. Favorite hobbies, sports, music, books...): _____
_____. My friends would describe me as: _____.

I am coming to Camp Foster because: _____.

I am nervous about: _____.

I am looking forward to these camp activities: _____.

I want a counselor who has the following qualities: _____.

As my counselor, I would like you to know: _____
_____.

I understand that I am coming to camp to develop new skills, be a good friend, and have a great time. I understand that there are camp rules that I must follow in order for everyone to have fun. I agree to follow Camp Foster’s rules including being considerate of my cabin mates, cooperating with my counselors, and practicing good health habits. I also agree to live by the five values of respect, responsibility, caring, honesty, and fairness.

SIGNED BY CAMPER and PARENT: _____