

YMCA CAMP CAMPBELL - CROSS HEALTH HISTORY FORM

(Complete one form per child - BOTH sides - Must be submitted 10 days before camper's arrival)

16275 Highway 9 Boulder Creek, CA 95006, 831-338-2128 Fax: 831-338-9486

Camper's Name: Last _____

Child's Name: _____ M F Age (during camp) _____ Birth Date ____/____/____

Address: _____ Apt. # _____ City _____ Zip _____ Grade _____

Parent's Name: _____ Parent's Name: _____

Home Phone #: _____ Home Phone #: _____

Employed by: _____ Employed by: _____

Occupation: _____ Occupation: _____

Business Phone: _____ Business Phone: _____

EMERGENCY INFORMATION

Alternative persons to be called in case of an emergency:

Name Phone Relationship

CHILD RELEASE AUTHORIZATION

List everyone **AUTHORIZED** to pick up child, including parents:

Name Phone Relationship

INFO REQUIRED BY STATE LAW

If you have insurance

Health Insurance Co.: _____

Policy Number: _____

Family Physician: _____

Phone: _____

Date of last physical exam: _____

School & Teacher: _____

VACCINES (Approximate Date Immunized)

DPT: _____ Measles: _____

Tetanus: _____ Mumps: _____

Oral Polio: _____ Rubella: _____

MEDICAL INFORMATION PAST OR PRESENT (PLEASE CHECK)

Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	ADD/ADHD	<input type="checkbox"/> Yes <input type="checkbox"/> No	Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Defect/Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Head Lice (recent)	<input type="checkbox"/> Yes <input type="checkbox"/> No	German Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recent Hospitalization	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bed-wetting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Diseases or Conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently under Dr. care	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sleepwalking	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No		

For each Yes, please explain: _____

ALLERGIES & SPECIAL NEEDS (PLEASE CHECK)

Hay Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bee Stings	<input type="checkbox"/> Yes <input type="checkbox"/> No	Penicillin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oak/Ivy Poisoning	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Bee Sting Kit?	Other Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other insects or animals	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any other allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dietary Restrictions? :	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Is the camper currently taking medications? Yes No If Yes, please complete Medication form on reverse.

Any reason to restrict full activity including long hikes and strenuous games?: Yes No

If Yes, please explain: _____

Any special needs? (Please list) _____

For Females: Has this person menstruated? Yes No

First _____

School: _____

School:

First

Camper's Name: Last

CURRENT MEDICATIONS: Required for children taking any type of medication while attending Science School!

Please fill out the information requested below for all medications you are sending with your child. Please include inhalers, prescribed medications and any over-the-counter medications your child normally takes in the list below:

Medication Name	As needed or daily?	Dosage and Times
<i>Example: Penicillin</i>	<i>Daily</i>	<i>1 tab three times per day at 8am, noon and 6pm. Give with food.</i>
1). _____	_____	_____
2). _____	_____	_____
3). _____	_____	_____
4). _____	_____	_____
5). _____	_____	_____

NON-PRESCRIPTION MEDICATIONS: I authorize the following medications to be administered as needed:

Tylenol	<input type="checkbox"/> Yes <input type="checkbox"/> No	Benadryl	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pepto Bismol	<input type="checkbox"/> Yes <input type="checkbox"/> No	Neosporin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chloraseptic	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough Drops	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ibuprofen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Calamine Lotion	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT'S AUTHORIZATION

This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by the YMCA to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. We recognize that the participant must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies will be cause for participant's dismissal without refund of fees. Images of my child may be used for promotional purposes.

Parent/Guardian Signature X _____ Date _____

RULES & RESPONSIBILITIES (To be read, understood and signed by Student and Parent)

We welcome you to our YMCA Camp Campbell Outdoor Science School program. In order to provide the best possible experience for everyone, there are certain rules and policies that have been established for the health and safety of all involved.

House Rules... represent our contract with each other concerning how we will treat one another. The reasons are simple and based on showing concern and respect for each individual:

1. Speak for yourself - not for anybody else.
2. Accept others and they'll accept you. Show respect - everybody is important.
3. Avoid put-downs - who needs them?
4. Take charge of yourself - you are responsible for you. This includes your behavior and language.
5. The YMCA is not responsible for articles of clothing or personal belongings lost or damaged.

Cabin Rules... are hard and fast rules that apply to everyone because most accidents that cause injury to kids happen because a cabin rule was ignored.

1. No horseplay; that is, no jumping on or off bunks, pillow fights, climbing in or out of windows, wrestling, etc.
2. No visiting inside of other cabins. This may cause students to be sent home.
3. Keep cabin noise at a minimum to moderate level.
4. During rest periods, all students will be on their bunks and quiet.
5. Willful destruction of property will be the financial responsibility of the student's parent.

Trail Rules... are for the safety of all concerned and to protect the environment we are "visiting".

1. Walk instead of run. The only exception to this is during supervised recreation.
2. Stay on trails - don't cut switchbacks or go cross-country, except under the direction of your Field Teacher.
3. Remain with your field group.
4. Do not carry sticks on hikes - they can easily break and cause injury.
5. Wear pants/shorts and close-toed shoes during all activities. No bare feet outside of the cabin.
6. Remain reasonably quiet throughout camp and on trails.
7. All creatures and plants in camp are protected. Do not collect, disturb or harm them.
8. Litter belongs in trash cans.

In the event that a decision is made that a student should be sent home for disciplinary reasons, there will be no refund of Science School fees and it will be the responsibility of the parents to provide transportation home for the student.

I have read, understood and will abide by the rules as stated above throughout my stay at camp.

Camper's Signature X _____ Date _____

Parent/Guardian Signature X _____ Date _____