

GLOW YMCA CAMP HOUGH

PARTICIPANT HEALTH FORM – TO BE COMPLETED BY PARENT/GUARDIAN

PLEASE NOTE THE NEED FOR PHYSICIAN'S SIGNATURES ON BOTH SIDES OF THIS FORM.

NOT ALL YMCA SUMMER PROGRAMS ADMINISTER MEDICATION, HOWEVER, IN THE EVENT OF AN EMERGENCY WE ASK THAT FAMILIES PROVIDE US THIS INFORMATION SO THAT WE CAN BEST CARE FOR YOUR CHILD.

Child Name:	Age:	Height:	Weight:
Guardian Name:	Phone 1:	Phone 2:	Phone 3:
Has your child been exposed to an infectious disease or had any major illness in the last month? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, Illness/Disease:		Symptoms:	
Is the child covered by any hospitalization/medical care policy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Insurance Company:			
Card Holder:		Policy/Group #:	

PROGRAM PARTICIPANT HEALTH FORM, CONT. – TO BE COMPLETED BY PHYSICIAN

CAMPER HEALTH HISTORY

Please Check All That Apply.

- | | | | |
|---|---|--|----------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Dental: |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Bleeding/Clotting Disorder | <input type="checkbox"/> Neurological Disorders | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Emotional Disorder | <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Illness: | <input type="checkbox"/> Other: |

DIET/NUTRITION: LIST DIETARY RESTRICTIONS EATS A REGULAR DIET

ALLERGIES: LIST ALL ALLERGIES AND REACTIONS NO KNOWN ALLERGIES

ADMINISTRATION OF PRESCRIPTION MEDICATIONS TO CHILD

PLEASE COMPLETE WITH PATIENT'S **CURRENT/SUMMER** REGIMEN FOR BOTH SCHEDULED AND PRN MEDICATIONS.

DRUG NAME	ROUTE (PLEASE INDICATE PREFERRED FORMULATION)	DOSAGE	SCHEDULE & INDICATIONS (PLEASE CIRCLE ALL THAT APPLY)	HEALTHCARE PROVIDER ORDER (PLEASE CIRCLE ONE)
PHYSICIAN SIGNATURE 1 OF 2 (see reverse side of page):				DATE:

INDIVIDUALIZED STANDING ORDERS FOR ADMINISTRATION OF OVER-THE-COUNTER MEDICATION – TO BE COMPLETED BY PHYSICIAN

NOT ALL YMCA SUMMER PROGRAMS ADMINISTER MEDICATION OR HOUSE MEDICATIONS. HOWEVER, IN THE EVENT OF AN EMERGENCY WE ASK THAT FAMILIES PROVIDE US THIS INFORMATION. THE FOLLOWING MEDICATIONS MAY BE AVAILABLE AND WILL BE ADMINISTERED AT THE DISCRETION OF THE YMCA NURSE/MAT/HEALTH CARE PROVIDER AS INDICATED.

CHILD NAME:		AGE:	WEIGHT:	HEIGHT:
DRUG NAME	ROUTE (PLEASE CIRCLE PREFERRED FORMULATION)	DOSAGE	SCHEDULE & INDICATIONS (PLEASE CIRCLE ALL THAT APPLY)	HEALTHCARE PROVIDER ORDER (PLEASE CIRCLE)
INSECT REPELLANT	Topical	As per package instructions	As needed	YES NO
ANTISEPTIC OINTMENT	Topical	As per package instructions	Minor wound care Other:	YES NO
ANTI-ITCH OINTMENT	Topical	As per package instructions	Rashes insect bites Other:	YES NO
ANTI-STING OINTMENT	Topical	As per package instruction	Insect bites Other:	YES NO
ANTIBIOTIC OINTMENT	Topical	As per package instruction	Minor wound care Other:	YES NO
SUNBURN RELIEF OINTMENT	Topical	As per package instructions	Sunburn Other:	YES NO
IBUPROFEN	Oral	As per package instructions	Pain; swelling; fever Other:	YES NO
ACETAMINOPHEN	Oral	As per package instructions	Pain; swelling; fever Other:	YES NO
ANTI-FUNGAL CREAM	Topical	As per package instructions	Athletes foot Other:	YES NO
ANTACID/ ANTIEMETIC	Oral	As per package instructions	Nausea; diarrhea Other:	YES NO
SWIMMER'S EAR DROPS	Topical	As per package instructions	Ear pain after swimming Other:	YES NO
EYE DROPS	Topical	As per package instructions	Eye irritation; allergies Other:	YES NO
HYDROCORTISONE 0.5%	Topical	As per package instructions	Rashes; insect bites; poison ivy Other:	YES NO
COUGH SYRUP	Oral	As per package instructions	Coughing Other:	YES NO
LAXATIVE	Oral	As per package instructions	Constipation Other:	YES NO
ANTIHISTAMINE	Oral or Topical	As per package instructions	Swelling Hives; allergic reaction; nasal congestion; Other:	YES NO
ANTI-DIARRHEA	Oral	As per package instructions	Diarrhea Other:	YES NO
LICE TREATMENT	Topical	As per package instructions	Detection Other:	YES NO

Health Care Provider Name:		
Address:		
City:	State:	Zip:
License Number:	Phone:	Fax:
As requested by the patient and as mandated by New York State Department of Health, a dated and/or current copy of immunizations/shot records is attached. ___ Physician Initials		
PHYSICIAN SIGNATURE 2 OF 2:		DATE:



YMCA CAMP HOUGH CAMPER CODE OF CONDUCT

Parent/Guardian Expectations

Below is the YMCA Camp Hough Camper Code of Conduct Behavior Contract for you and your camper to read and sign. The following is an explanation of our expectations of you as the parent/guardian.

Campers that violate the Behavior Contract will be sent home. Upon a violation of the Behavior Contract, the Camp Director will call the parent/guardian(s) listed on the contract. The parent/guardian will be informed of the violation at camp and will be asked to pick up the camper. If the parent/guardian cannot come to YMCA Camp Hough it remains the parent/guardian's responsibility to make arrangements for someone else to pick up the camper, as soon as possible. In those instances, the parent/guardian must also call the Camp Director to inform staff of who will be picking up the camper.

If the parent/guardian is unable to arrange pick up, the Camp Director or designee, will contact the emergency contact person listed to make arrangements. If the Camp Director or designee cannot locate the emergency contact person or the emergency contact person also is unable to pick up the camper, the parent/guardian will be called again to make other arrangements.

Campers must be picked up within 12 hours of parents being notified.

Participant Behavior Agreement

I understand that my attitude and behavior are critical to my success and to the success of camp this summer. Therefore, for everyone's benefit, I agree to abide by the following:

1. I will try to be sensitive to the needs of each camper by performing my assigned duties, including but not limited to: cabin chores, dining hall cleanup, participating in all-camp activities, etc.
2. I will respect the places and the people with whom I come in contact.
3. I understand that the use of alcohol, tobacco, profane and/or threatening language, or drugs will not be tolerated, and that usage during camp will result in expulsion from my camp program.
4. I will be responsible for my personal belongings and equipment and will not hold YMCA Camp Hough responsible for the loss or damage due to my negligence or neglect.
5. I will treat equipment provided by YMCA Camp Hough or any other person with care.
6. I will use safety equipment furnished by YMCA Camp Hough for my own safety.
7. I will treat other campers and staff with respect and courtesy.
8. I understand that if I do not abide by the guidelines listed above, the Camp Director will notify my parents/guardians, and I will be sent home. I also understand that if I am sent home early due to misconduct, I will not receive a refund.

CAMPER SIGNATURE

DATE

I have read, understand and agree with the above responsibilities of my camper. I have read, understand and agree to fulfill my responsibilities as a parent/guardian.

PARENT/GUARDIAN SIGNATURE

DATE



CAMPER NAME: _____

CAMPER AGE: _____

CAMPER INFORMATION FORM

**PLEASE SHARE CAMPER INFORMATION BELOW THAT WILL BE
REVIEWED BY YOUR CAMPER'S CABIN LEADERSHIP**

I. LIFE AT HOME

Camper lives with: ____ one parent ____ two parents ____ guardian (please explain)

List other people living in the household (please indicate the names and ages of brothers and sisters).

Have any significant events occurred in your family within the last few weeks or during the past year? Please explain.

II. LIFE AT SCHOOL

Is your child in his/her appropriate grade based on age?

What are his/her favorite subjects?

III. OUT OF SCHOOL

What are your child's interests outside of school?

Does your child make friends easily?

List groups, activities, or programs your child has participated in.

CAMPER NAME: _____
CAMPER AGE: _____

IV. LOOKING AHEAD TO CAMP

Who encouraged your son/daughter to attend camp?

Is your child looking forward to YMCA Camp Hough with? ___Enthusiasm ___Acceptance ___Caution ___Anxiety

My child's swimming ability is: ___ Afraid of Water ___Some Lessons ___ Confident in Deep Water

Has your child been in camp before? If so, where? If YMCA Camp Hough, how many years, including this summer?

Do you foresee any problems (i.e.: homesickness, eating, bed-wetting, etc.)?

What camp activities most interest your child?

What camp activities are of least interest to your child?

Does your child have any eating issues?

Does your child have any kind of physical limitations/challenges?

Does your child have any fears?

What are your goals for your child's summer experience?

How does your child express anger/frustration? Is there a form of discipline (time-out is usually used) that works best with your child?

If there was one thing you could tell your child's leaders about him or her, what would it be?

Is there anything you would like to discuss with the Camp Director prior to camp?