

2008 YMCA Camp Woodstock Standard Health Examination Form

Please complete and bring with you on arrival date. *Do not mail in advance.*

State law requires a current signed health form for each camper in order to be permitted to remain in camp.

| Camper Information | First Parent | Second Parent | Alternate Contact |
|-------------------------------------|------------------------------|------------------------------|------------------------------|
| Name _____ | Name _____ | Name _____ | Name _____ |
| Age _____ Date of birth _____ | Day phone _____ | Day phone _____ | Day phone _____ |
| Address _____ | Eve phone _____ | Eve phone _____ | Eve phone _____ |
| Town _____ | Cell _____ | Cell _____ | Cell _____ |
| State _____ Zip _____ | Relationship to camper _____ | Relationship to camper _____ | Relationship to camper _____ |
| Allergies _____ | _____ | _____ | _____ |
| Special dietary needs _____ | | | |
| Who does camper live with? _____ | | | |

Parents please note: a written doctor's order is required for every medication including herbal remedies, vitamins, medicated drops, creams, lotions or ointments. Per state law, all medications must come in their original container labeled with the camper's name or they cannot and will not be given. Only rescue inhalers and Epi-Pens can be kept in the cabins. All others must be turned in to the camp nurse during check-in. No exceptions. Meds left at the end of camp will be destroyed one week after your child leaves camp. If your child serves on staff, he or she is responsible for independently administering their own medications. Your signature below gives permission to do so.

Physical exam: **MUST BE COMPLETED AND SIGNED BY PHYSICIAN, PA or APRN**

| History and Physical | Immunizations | Medications |
|--|--|---|
| Date of exam _____ | This person is up to date on the following routine childhood immunizations | The medications listed here are kept stock in the infirmary. This person may receive: ____ ANY ____ NONE ____ only those checked, in the dose appropriate for their age and weight. May self-administer their own medications yes ____ no ____ with parental consent. |
| Height _____ Weight _____ | | |
| Does this child have any medical problems that will limit participation in camp activities _____ | Measles _____ | Tylenol <input type="radio"/> Chloraseptic <input type="radio"/> Pepto Bismol <input type="radio"/> |
| Please explain _____ | Mumps _____ | Ibuprofen <input type="radio"/> Anbesol <input type="radio"/> Sudafed <input type="radio"/> |
| Are there any specific health problems _____ | Rubella _____ | Tums <input type="radio"/> Visine <input type="radio"/> Calamine <input type="radio"/> |
| | Hep. B _____ | Immodium <input type="radio"/> Robitussin DM <input type="radio"/> Benadryl <input type="radio"/> |
| | Diphtheria _____ | |
| | Pertussis _____ | Medication Specific order for administration |
| Circle if abnormal | Tetanus _____ | _____ |
| HEENT | Polio _____ | _____ |
| Resp/Cardiac | Chickenpox _____ | _____ |
| Abd/GI/GU | Vaccine _____ | _____ |
| Emotional/Behavioral | Disease _____ | _____ |
| Mental health | | _____ |
| Musculoskeletal | State any reason this child has not been vaccinated in accordance with state recommendations | _____ |
| Growth and development | _____ | _____ |
| Please explain any abnormal findings _____ | _____ | Examiner's signature _____ |
| _____ | _____ | Printed name _____ |
| _____ | _____ | Telephone _____ |

Important parent's authorization. Signature required for camp attendance.

This health history is correct as far as I know, and the person listed above has permission to engage in all camp activities including out of camp trips except as noted by me or the examining physician. I grant permission for the camp nurse to administer any of the above medications or medications prescribed by the camp physician to treat illness or injury during my child's stay. I grant permission to the medical personnel selected by the camp director to order x-rays, tests and medical treatment and necessary transportation for my child. In the event that I can not be reached during an emergency, I give permission to the health care provider selected by the camp to secure and administer treatment, medical or dental, including hospitalization for my child named above. I understand that it may be necessary to transmit my child's health information electronically, and agree to allow sharing of necessary health information. If I claim religious exemption a clergy letter is attached.

Date _____ Signature of parent or legal guardian _____