YMCA Camp Cormorant Health History

Please bring all camp forms with your child to camp. Payment must be made at the YMCA 2 weeks before camp. This form to be filled in by parents/guardian of minors each year. This information is gathered to assist in identifying appropriate care for your camper.

Last First M.I.

Camper Name: _____Birthdate:_____ Session:_____
Address:_____ Age:_ Gender: M F
Primary Parent/Guardian: _____ Phone: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Business Address: _____ City: _____ State: _____ Zip: _____
Secondary Parent/Guardian: _____Phone: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Business Address: _____ City: _____ State: _____ Zip: _____
If not available in an emergency, notify:
Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

Health History:
Does your child have/had any of the following? If so, please explain and *give approximate dates.*

___Hospitalized/had surgery
___Medically prescribed activity restrictions
___Wear glasses/contact lenses
___Recurrent/chronic illnesses
___Recent injury, illness or infectious disease
___Passed out/had chest pain during exercise
___Asthma/wheezing/shortness of breath
___Hypertension
___Bleeding/Clotting Disorders
___Seizures
___Frequent headaches
___Fainting/dizziness
___Epilepsy
___Skin problems
___Eating disorders
___Food allergies
___Sleep disorders
___History of bed wetting
___Diabetes
___Frequent ear infections
___Back/joint problems
___Problems with diarrhea/constipation
___other

Explain answers from above: _____
_____
_____

Any specific activities to be encouraged or limited by physician's advice: _____
_____

_____

Dietary Modifications: _____
Other allergies (explain): _____
Date of last physical examination: _____Date of last tetanus shot:_____

(For Female): Has this person menstruated? yes no
If yes, is her menstrual history normal? _____If not, has she been told about it? _____
Special Consideration: _____

Mental & Emotional Health History: circle all that apply and explain.

Camper has been diagnosed with Attention Deficit Disorder (ADD or AD/HD). yes no

Camper has psychiatric diagnosis such a depression, OCD, panic/anxiety disorder. yes no

Camper has an emotional health concern. Explain_____ yes no

Camper has a learning disability. Explain_____ yes no

Camper has a developmental disorder, such as Asperger's or Autism. yes no

Explain_____

Camper is receiving specialized services from their school district, such as speech therapy. Explain_____ yes no

Camper has been or is currently seeing a professional to address mental/emotional health concerns. Explain_____ yes no

Camper has had a significant life event that continues to affect the camper's life/health. Explain_____ yes no

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Name of dentist/orthodontist: _____ Phone: _____

Name of family physician: _____ Phone: _____

DO YOU CARRY FAMILY MEDICAL INSURANCE? Yes No.

IF SO, INDICATE

Primary Insurance

Member Name:_____ Carrier Name:_____

Policy or Group ID #: _____

Secondary Insurance

Member Name:_____ Carrier Name:_____

Policy or Group ID #: _____

Important-This Box Must be completed for Attendance

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. I am attesting that all immunizations are current and up to date. I give permission for camp staff to give/apply over the counter medications listed on back side of this form. **Emergency Authorization**: I authorize the YMCA staff to give reasonable first aid and to transport my child to a health care facility for emergency services as needed. This form may be photocopied for use out of camp. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.

Signature of parent/guardian or adult camper/staff: _____Date: _____