

2023

2023 PIERSON RD YMCA DAY CAMP HEALTH HISTORY & RELEASE FORM

The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. This form is to be filled in by parents/guardians of minors, or by adults themselves.

Your camper will attend camp: from _____ to _____

Camper Name: _____ Male _____ Female _____ Birth Date _____ Grade in Fall _____
First Middle Last Month/Day/Year

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship _____
to Camper: _____ Preferred Phone: (____) _____

Home Address: _____
(If different from above)

Second parent/guardian or other emergency contact:
Name: _____ Relationship _____
to Camper: _____ Preferred Phone: (____) _____

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name(s): _____ Relationship _____
to Camper: _____ Preferred Phone: (____) _____

Allergies: _____ No Known Allergies _____ This camper is allergic to: _____ Food _____ Medicine _____ The environment (insect tings, hay fever, etc.)
_____ Other (**Please describe below what the camper is allergic to and the reaction seen.**)

Diet, Nutrition: _____ This camper eats a regular diet _____ This camper eats a vegetarian diet _____ This camper has special food needs
(**Please describe any special food needs.**)

Restrictions: (The following restrictions apply to this individual.)

Does not eat: ☐ Red Meat ☐ Pork ☐ Dairy Products ☐ Poultry ☐ Seafood ☐ Eggs ☐ Other _____

Restrictions: _____ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
_____ I have reviewed the program and activities of the camp an feel the camper can participate with restrictions.
(**Please describe below**)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance _____ Yes _____ No
Insurance Company _____ Policy Number _____
Subscriber _____ Insurance Company Phone Number (____) _____

Include a copy of your insurance card; copy both sides of the card so information is readable.

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine test, and treatment related to the health of my child for both routine health care and in emergency situation. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for and order injection, anesthesia or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial _____ Relationship _____
Parent/Guardian _____ Date: _____ to Camper _____

If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Session Code _____ (Camp Use) Group Number _____

First Name

Last Name

Camper Name

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | | | |
|--|--|--|--|
| 1. Ever been hospitalized?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 20. Traveled outside the country in the past 9 months?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the question. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- | | |
|---|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the question. The camp may contact you for additional information.

Health Care Providers:

Name of camper's primary doctor: _____ Phone: (____) _____

Name of dentist: _____ Phone: (____) _____ Orthodontist: _____ (____) _____

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury.

Cross out those the camper should not be given.

Acetaminophen (Tylenol)	Ibuprofen (Advil, Motrin)
Phenylephrine decongestant (Sudafed PE)	Pseudoephedrine decongestant (Sudafed)
Antihistamine/allergy medicine	Guaifenesin cough syrup (Robitussin)
Diphenhydramine antihistamine/allergy medicine (Benadryl)	Dextromethorphan cough syrup (Robitussin DM)
Sore throat spray	Generic cough drops
Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)	Aloe
Antibiotic cream	Calamine lotion

Medications Being Taken:

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

☐ This person **takes No medications** on a routine basis. OR ☐ This person **takes medications** as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #4 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during the summer _____

Immunization History:

Are the camper's immunizations up to date? ____ Yes ____ No

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think is important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

Camper Release Form

To comply with the State of Michigan Law, YMCA Camp Boomerang must have the names of those adults you authorize to pick up your child. Please complete the following information and sign below. We will ask for photo identification at the time of pick up. Please list all adults authorized to pick up your child **including yourself.**

I give permission for _____ to be released to:

_____	_____
_____	_____
_____	_____

at the end of camp or should an emergency arise where my child has to leave camp.

Date: _____ Signature of Parent or Guardian _____

Please select a security word to be used in the event that the people listed above cannot pick up your child from camp. Both you and the person picking up the child will be asked to confirm the security word. Please contact the camp office before check out if this occurs.

Security Word: _____

Authorization for Audio/Visual Records

I understand that the YMCA may make certain reasonable recording of this camping event. Do you hereby authorize the YMCA to have and use reasonable photographs, slides, moving pictures, and audio/video tapes of your child for purposes of legitimate YMCA records, public relations and/or advertising? YES NO



YMCA Camp Boomerang

Camper Code of Conduct Agreement

Are you ready to have fun this summer? We are! In order for you to have a fun, exciting and *safe* summer, everyone needs to follow the same guidelines. Below is a list of the basic rules that you will need to follow while you're here at camp. Keep in mind that more specific rules will be talked about when you get here (mealtimes, activities, etc.). Please read over all of these guidelines and make sure that you understand them. You will be expected to follow these guidelines as soon as you arrive at Camp Boomerang.

Please read this list with your parent/guardian and sign it with them at the bottom.

Camper's Name: _____

WHILE AT CAMP BOOMERANG:

- I will be honest and respectful (of my peers, my camp staff, and myself)
- I will follow directions and rules at camp
- I will not act violently toward any camper or staff member
- I will not steal or destroy property belonging to Camp Boomerang, campers, or staff
- I will not use/practice lewd conduct and language
- I will stay within camp boundaries
- I will do my best to HAVE FUN!!!

DISCIPLINE WILL BE HANDLED IN THE FOLLOWING MANNER:

Note: *Anything deemed harmful to oneself or another camper are subject to immediate dismissal without refund.*

Step 1: Counselors will address behavior with the camper, helping the camper to understand the rules and take responsibility for changing the behavior.

Step 2: Senior staff will meet with the camper to discuss and implement solutions.

Step 3: The camper will meet the Camp Director. Parental contact and clear objectives will be established.

Step 4: The camper will be removed from camp without a refund. A parent or guardian will be asked to pick up the camper from Camp Boomerang as soon as possible. Parent or guardian is responsible for pickup/transportation of camper.

Camper: By signing this form, I am agreeing to follow the above guidelines. I understand that more specific rules will be explained to me when I arrive at Camp Boomerang. I also realize that failing to follow these guidelines will result in disciplinary action by the staff of Camp Boomerang, and may include removal from the Summer Camp Program.

Camper's Signature: _____ **Date:** _____

Parent(s)/Guardian(s): I understand that should my child require transportation from camp due to illness, behavior problems or other reasons, I will be required to provide transportation in a timely manner as designated by camp administration. By signing this form, I am acknowledging that I read the guidelines with/to my child.

Parent/Guardian Signature: _____ **Date:** _____

This form *MUST* be completed along with the Health History Form in order for your child to participate at Camp Boomerang Both forms *MUST* be turned into Camp Boomerang two (2) weeks prior to your child's attendance at camp.