

2021 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.

| | You | ur camper will atte | nd camp: fro | m | | to | | | |
|-------------------------|--|-------------------------------|------------------------------|--------------|---------------------|-------------------------|----------------------------|--|--|
| | | | | | | | | | |
| | Camper Name:First | Middle | Lost | Male | Female | | Grade in Fall | | |
| | Camper Home Address: | Middle | Lasi | | | Month/Da | y/ real | | |
| | Camper Home Address:Street | Address | | | City | State | Zip Code | | |
| | Parent/guardian with legal custoo | dy to be contacted in cas | <u>se of illness or inju</u> | <u>ry:</u> | · | | | | |
| | Name | Relatio | nship | | Df | Dhana (| | | |
| | Name:to Camper:Preferred Phone: () | | | | | | | | |
| ē | Home Address: | | | | | | | | |
| dm | (If different from above) | | | | | | | | |
| Z d | Second parent/guardian or other | | an a la lin | | | | | | |
| 3rou | Name: | Relatio | nsnip ner: | | Preferred Phone: () | | | | |
|) () | Ivanie. | to Cam | рег | | | | | | |
| (Camp Use) Group Number | Additional contact in event paren | | | | | | | | |
| äm | | Rela | tionship | | Б. (| 151 () | | | |
| 0 | Name(s): | to Ca | amper: | | Preferre | ed Phone: () | | | |
| | Allergies: No Known Aller | nies This camper | is allergic to: | Food M | Medicine | The environment (inse | ct tings hav fever etc.) | | |
| <u>o</u> | Other (<i>Please</i> | describe below what the | ne camper is aller | gic to and | the reaction | ı seen.) | ot tings, hay level, etc.) | | |
| <u> </u> | , | | • | | | , | | | |
| ion | | | | | | | | | |
| Session Code | | | | | | | | | |
| | | | | | | | | | |
| | Diet, Nutrition:This cam | per eats a regular diet | This campe | er eats a ve | getarian diet | This camper h | nas special food needs | | |
| | (Please describe any special fo | ood needs.) | · | | | · | • | | |
| | | | | | | | | | |
| | Restrictions: (The following re | etrictions annly to this | individual \ | | | | | | |
| Je Je | Does not eat: Red Meat | Pork Da | ry Products | Poultry | ☐ Seafood | ☐ Eggs ☐ | Other | | |
| First Name | | | | | | | | | |
| Firs | Restrictions: have re | | | | | | | | |
| | | viewed the program and | activities of the ca | amp an feel | I the camper | can participate with re | strictions. | | |
| | (Please o | describe below) | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Medical Insurance Information | : | | | | | | | |
| au au | This camper is covered by family | | nce` | Yes | No | | | | |
| Last Name | Insurance Company | | Policy | / Number_ | | | | | |
| Ľä | SubscriberInclude a | | Insura | ance Comp | any Phone N | lumber ()_ | | | |
| | include a | copy of your insurance | e card; copy both | sides of ti | ne card so II | itormation is readabl | e. | | |
| ame | Parent/Guardian Authorization This health history is correct and acc | | status of the camper | to whom it r | artains Tha | person described has no | mission to participate in | | |
| Z io | all camp activities except as noted by | | | | | | | | |
| Camper Name | and treatment related to the health o | f my child for both routine h | nealth care and in en | nergency sit | uation. If I car | not be reached in an em | ergency, I give my permis- | | |
| ပိ | sion to the physician to hospitalize, s will be shared on a "need to know" be | | | | | | | | |
| | child's health record from providers v | | | | | | | | |
| | Signature of Custodial | - | • | · | - | Relationship | | | |
| | Parent/Guardian | | | Date: | | to Camper | | | |

| General Health History | : Check "Yes" or "No" for each st | atement. Explain "Y | es answers below. | |
|--|--|--|---|--|
| Has/does the camper: | TV:- TN- | 14 11 1 Calculus | | ¬ ¬., |
| | ed? Yes No | | or dizziness? | |
| | ☐ Yes ☐ No | | had chest pain during exercise? | |
| | ic illnesses? Yes No | | cleosis ("mono") during the past 12 months? | |
| | us disease? Yes No | | re problems with periods/menstruation? | |
| | Yes No | | ms with falling asleep/sleepwalking? | |
| | shortness of breath? Yes No | 16. Ever nau pau | ck/joint problems? | ∐Yes ∐ No □Ves □ No |
| | Yes No | 17. Have a nisto | pry of bedwetting? | ⊢Yes ⊢ No |
| | Yes No | 18. Have proble | ms with diarrhea/constipation? | ∟Yes ∟ No |
| | Yes No | | in problems? | |
| | or protective eyewear? Yes No | | tside the country in the past 9 months?. | |
| | inswers in the space below, noting the | e number of the ques | stion. For travel outside the country, _l | olease name countries |
| visited and dates of tra | ivel. | | | |
| | | | | |
| | | | | |
| | | | | |
| | I Social Health: Check "Yes" or "No" for | r each statement. | | |
| Has the camper: | · · · · · · · · · · · · · · · · · · · | " Laft Hilliam are of | | □v . □ _M |
| 1. Ever been treated f | or attention deficit disorder (ADD) or atte | ention deficit/nyperacti | vity disorder (AD/HD)? | ⊢Yes ⊢No |
| | or emotional or behavioral difficulties or a | | | |
| | months, seen a professional to address i | | | |
| | e event that continues to affect the camp | | | 🗌 Yes 🗌 No |
| | heath of a loved one, family change, adop | | | |
| | nswers in the space below, noting the | | | additional information. |
| - | - | | - | |
| | | | | |
| | | | | |
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| | | | | |
| Health Care Providers: | | | | |
| Name of camper's prima | ry doctor: | | Dhama. / | |
| | | | Phone: ()_ | |
| | Phone: (| | | |
| Name of dentist: | Phone: (|) | Orthodontist: | () |
| Name of dentist: | |) | Orthodontist: | () |
| Name of dentist: | Phone: (Phone: (ription medications may be stocked in the | e camp Health Center | Orthodontist: | () |
| Name of dentist: The following non-prescri | Phone: (| e camp Health Center | Orthodontist: and are used on an as needed basis to | () |
| Name of dentist: The following non-prescribes Cross | Phone: (| e camp Health Center | Orthodontist: and are used on an as needed basis to | manage illness and injury. |
| Name of dentist: The following non-prescribes Cross Acets Pher | Phone: (| e camp Health Center | Orthodontist: and are used on an as needed basis to Ibuprofen (Advil, Motrin) Pseudoephedrine decongestant (Sudafec | manage illness and injury. |
| The following non-prescribes Cross Acets Pher Antih | Phone: (| e camp Health Center | Orthodontist: and are used on an as needed basis to Ibuprofen (Advil, Motrin) Pseudoephedrine decongestant (Sudafec Guaifenesin cough syrup (Robitussin) | manage illness and injury. |
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| 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. | | | | | |
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| 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 forto be released to: | | | | | |
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| | | | | | |
| 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 herby 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



Camper's Name:

I will be honest and respectful (of my peers, my camp staff, and myself)

WHILE AT CAMP BOOMERANG:

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.

| I will follow directions and rules at camp I will not act violently toward any camper or staff n I will not steal or destroy property belonging to Ca 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 FOLLONote: Anything deemed harmful to oneself or and Step 1: Counselors will address behavior with the responsibility for changing the behavior. Step 2: Senior staff will meet with the camper to compare the Camper will meet the Camper Director. Step 4: The camper will be removed from camp will be removed from camp will be removed. | ther camper are subject to immediate dismissal without refund camper, helping the camper to understand the rules and take |
| rules will be explained to me when I arrive at Cam | llow the above guidelines. I understand that more specific p Boomerang. I also realize that failing to follow these guide- Camp Boomerang, and may include removal from the Sum- |
| Camper's Signature: | Date: |
| havior problems or other reasons, I will be require | my child require transportation from camp due to illness, bed to provide transportation in a timely manner as designated acknowledging that I read the guidelines with/to my child. |
| Parent/Guardian Signature: | Date: |
| | Health History Form in order for your child to participate at I into Camp Boomerang two (2) weeks prior to your child's |