

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 _____



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.