

2012 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 _____	_____	_____	Does this child have health insurance? Please provide copy of card if available
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: <input type="checkbox"/> ANY <input type="checkbox"/> NONE <input type="checkbox"/> only those checked, in the dose appropriate for their age and weight. May self-administer their own medications yes <input type="checkbox"/> no <input type="checkbox"/> with parental consent.
Height _____ Weight _____		
Does this child have any medical problems that will limit participation in camp activities _____	Measles _____	Tylenol <input type="checkbox"/> Chloraseptic <input type="checkbox"/> Pepto Bismol <input type="checkbox"/>
Please explain _____	Mumps _____	Ibuprofen <input type="checkbox"/> Anbesol <input type="checkbox"/> Sudafed <input type="checkbox"/>
Are there any specific health problems _____	Rubella _____	Tums <input type="checkbox"/> Visine <input type="checkbox"/> Calamine <input type="checkbox"/>
_____	Hep. B _____	Immodium <input type="checkbox"/> Robitussin DM <input type="checkbox"/> Benadryl <input type="checkbox"/>
_____	Diphtheria _____	Medication _____ Specific order for administration _____
_____	Pertussis _____	_____
_____	Tetanus _____	_____
_____	Polio _____	_____
_____	Chickenpox _____	_____
_____	Vaccine _____	_____
_____	Disease _____	_____
_____	State any reason this child has not been vaccinated in accordance with state recommendations _____	_____
_____	_____	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 _____