

# YCAMPS™ EXTENDED MEDICAL FORM 2010

- **DO NOT MAIL THIS FORM!** Please bring with you to the bus, ferry or to camp. If your child is travelling by plane, have them keep it in a safe place on the top of their luggage.
- Please provide camper medical details specific to the time period they will be attending camp.
- Detailed information pertaining to the medication and/or behavioural concerns of your child allows our staff to provide the best possible camp experience.

FULL LEGAL NAME \_\_\_\_\_ NAME TO BE USED AT CAMP \_\_\_\_\_  
 HEALTH CARD # \_\_\_\_\_ BIRTHDATE (YY/MM/DD) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DOCTORS NAME & PHONE #: \_\_\_\_\_

## CAMPER MEDICAL INFORMATION

Is your child subject to, or has had:

- tuberculosis     boils     German measles     rheumatic fever     mumps     measles  
 chicken pox     headache     hay fever     asthma     epilepsy     frequent colds  
 tonsillitis     eczema     ear infection     sinus trouble     heart condition     athletes foot  
 bronchitis     appendicitis     Other: \_\_\_\_\_

## IMMUNIZATIONS

Basic immunization and most recent booster shots:

D.P.T. series, Date: \_\_\_\_\_     Polio series, Date: \_\_\_\_\_     Measles series, Date: \_\_\_\_\_     Rubella, Date: \_\_\_\_\_  
(Diphtheria-Pertussis-Tetanus)

## MEDICATION

Has the camper recently recovered from an illness or injury?  Yes     No

If yes please explain: \_\_\_\_\_

Is the camper under any form of treatment/medication for an illness condition or injury?  Yes     No

If yes please explain: \_\_\_\_\_

Has your child taken medication for ADD/ADHD during the past year?  Yes     No

List all medications being taken to camp and the specific directions for their use (Use back of page if additional space is needed):

Medication	Dose	When administered
_____	_____	_____
_____	_____	_____
_____	_____	_____

## IMPORTANT INFORMATION ABOUT LICE

Prior to arrival at camp please check your child's head for lice. If we find that your child has lice or nits (eggs), your child will be sent home from camp for treatment. Please see your *Off to Camp* booklet for more information.

**If you registered online you must complete the section below – children without a signed consent form may not be able to stay at camp.**

### CAMPER'S COMMITMENT

I want to become a camper at YMCA Camp. I agree to abide by the camp rules. I will do my best to make this a good experience for myself and my fellow campers. I understand that failure to live up to this promise might result in my dismissal from camp.

### PARENT'S COMMITMENT

I have discussed the Camper's and Parent's Commitment with my child and confirm that this camper agrees to participate in the full program, to follow safety instructions and/or refrain from behavior that is harmful to oneself or others. I understand and support the camp policy that prohibits the possession or use of tobacco, alcohol or non-prescription drugs and understand their use as well as abusive behavior is cause for dismissal without refund of camp fees.

Camper's signature \_\_\_\_\_ Parent's signature \_\_\_\_\_

### PHOTO RELEASE:

I authorize the YMCA to use any photos of my child obtained while engaged in YMCA Camping programs for promotional purposes.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

### AUTHORIZATION

In permitting my child to attend YMCA Camp, I, the undersigned permit my child to participate in the full range of camp activities and authorize the Camp Director or his/her appointee, in the event of accident or illness affecting this above named camper to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as he/she may deem essential for the care and well-being of the camper. Such action is only to be taken when immediate contact with the undersigned cannot be made. It is understood that the camp is not responsible for the cost of medical care.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

