



# YMCA CAMP WEAVER HEALTH HISTORY FORM

Mail form to:

YMCA Camp Weaver • 4924 Tapawingo Trail • Greensboro • NC 27406

Phone: 336.697.0525 • Fax: 336.697.0596 • campweaver.org

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

A parent, guardian, or adult camper must fill out the following information. This information is required by camp healthcare personnel in order to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp healthcare personnel upon arrival to camp. Please provide complete information. Return to Camp Weaver at least 2 week prior to beginning of camp session.

Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age at Camp: \_\_\_\_ Gender:  Male  Female  
Last First Middle

Home Address: \_\_\_\_\_  
Street Address City State Zip

Custodial Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

Address:  Same as Above (or) \_\_\_\_\_  
Street Address City State Zip

Second Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Work/Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Mental, Emotional, and Social Health: Circle "Yes" or "No" for each statement**

Has the camper:	Yes	No
Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?	Yes	No
Ever been treated for emotional or behavioral difficulties or an eating disorder?	Yes	No
During the past 12 months, seen a professional to address mental/emotional concerns?	Yes	No
Had a significant life event that continues to affect the camper's life?	Yes	No

Please explain yes answers in space below:

**Allergies:**  Food  Medicine  Environmental (insect stings, hay fever, etc.)  No known allergies  Other  
Please indicate in detail what the camper is allergic to and the reaction seen:

**Diet & Nutrition:**  Regular Diet  Vegetarian  Vegan  Gluten Free  Other Special Food Needs  
Please describe:

**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 and feel the camper can participate with the following restrictions or adaptations. Please describe:

**Permission to Provide Necessary Treatment for Emergency Care:** I hereby give my permission to the YMCA staff or any competent medical authority to provide, seek, and consent to routine health care, administration of medications, and emergency treatment for me/ my child as may be necessary, including but not limited to x rays, routine tests and treatment and/or hospitalization. The health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Signature of parent or guardian of camper: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Camper Agreement:** I also understand and abide by the restrictions placed upon my camp activities.

Signature of camper: \_\_\_\_\_ Date: \_\_\_\_\_

*If you cannot sign this document for religious reasons, contact the camp for a legal waiver which is required for attendance.*

**Insurance Information:** Is participant covered by family medical/hospital insurance? Yes No  
 If so, indicate carrier or plan number: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Carrier Address: \_\_\_\_\_  
 Name of insured: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

**Health Care Providers:**  
 Name of camper's primary doctor(s): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Name of dentist(s): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Name of orthodontist(s): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

The following non-prescription medications are commonly stocked in the camp infirmary and are used on an as-needed basis to manage illness and injury. Cross out those items the camper should not be given.

- |  |                                      |
|--|--------------------------------------|
| Acetaminophen (Tylenol)                  | Chlorasptic (Sore throat spray)      |
| Ibuprofen (Advil, Motrin)                | Lice shampoo or scabies cream        |
| Phenylephrine (Sudafed PE)               | Calamine Lotion                      |
| Pseudoephedrine (Sudafed)                | Bismuth subsalicylate (Pepto-Bismol) |
| Chlorpheniramine maleate (Antihistamine) | Laxatives for constipation (Ex-Lax)  |
| Guaifenesin (Expectorant)                | Hydrocortisone 1% cream              |
| Dextromethorphan (Cough Suppressant)     | Topical antibiotic cream             |

**Which of the following illnesses has the camper been previously diagnosed with?**

- |                |             |
|----------------|-------------|
| Measles        | Chicken Pox |
| Mumps          | Hepatitis A |
| Hepatitis B    | Hepatitis C |
| German Measles |             |

TB Mantoux Test  
 Date of last test: \_\_\_ / \_\_\_ / \_\_\_  
 Result: Positive Negative

**Please give all dates of immunization or attach a copy of immunization records.**

Vaccine:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP	/	/	/	/	/
TD (Tetanus/diphtheria)	/	/	/	/	/
Tetanus	/	/	/	/	/
Polio	/	/	/	/	/
MMR	/	/			
or Measles	/	/			
or Mumps	/	/			
or Rubella	/	/			
Haemophilus influenza B	/	/	/	/	/
Hepatitis B	/	/	/	/	/
Varicella (chicken pox)	/	/			
BCG	/				

Has/does the camper:		Y	N
1	Have a chronic or recurring illness or condition?		
2	Have diabetes?		
3	Ever had a head injury?		
4	Ever have chest pain after exercise?		
5	Ever had problems with joints like ankles or knees?		
6	Had any recent surgery?		
7	Have any medications?		
8	Have any skin problems like itching or a rash?		
9	Have frequent headaches?		
10	Ever had an eating disorder?		
11	Ever have ear infections?		
12	Ever had seizures?		
13	Had mononucleosis in the past 12 months?		
14	Have asthma?		
15	Ever been knocked unconscious?		
16	Ever had back pain or injury?		
17	Ever had high blood pressure?		
18	Had any recent injury or illness or infectious disease?		
19	If your camper is female, has she menstruated?		
20	Is her menstrual history normal?		
21	Has not menstruated, but has been told about it?		

Please explain any "yes" answer, noting the question number

---



---