



**Immunization History:** Provide the month and year for each immunization. Starred (\*) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach .

Vaccine	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year
Diphtheria, tetanus, pertussis* (DTaP) or (TdaP)					
Tetanus booster* (dT) or (TdaP)					
Mumps, measles, rubella* (MMR)					
Polio* (IPV)					
Haemophilus influenza type B (HIB)					
Pneumococcal (PCV)					
Hepatitis B					
Hepatitis A					
Varicella (Chicken Pox)					
Meningococcal meningitis (MCV4)					
TB Mantoux Test: Date of last test _____ Result (Positive or Negative) _____					

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being immunized. Signature \_\_\_\_\_ Date \_\_\_\_\_

**Allergies:** No known allergies. This camper is allergic to: Food \_\_\_\_\_ Medicine \_\_\_\_\_  
 The environment (insect stings, hay fever, etc.) \_\_\_\_\_ Other \_\_\_\_\_  
 (Please describe below what the camper is allergic to and the reaction seen.)

**Diet, Nutrition:** This camper eats a regular diet. This camper eats a regular vegetarian diet.  
 This camper has special food needs. (Please describe below.)

**General Health History:** Check “Yes” or “No” for each statement. Explain “Yes” answers below.  
 Has/does the camper:

1. Ever been hospitalized?	Yes	No	11. Had fainting or dizziness?	Yes	No
2. Ever had surgery?	Yes	No	12. Passed out/had chest pain during exercise?	Yes	No
3. Have recurrent/chronic illness?	Yes	No	13. Had “mono” during the past 12 months?	Yes	No
4. Had a recent infectious disease?	Yes	No	14. If female, have problems with menstruation?	Yes	No
5. Had a recent injury?	Yes	No	15. Have problems sleepwalking?	Yes	No
6. Have diabetes?	Yes	No	16. Have a history of bedwetting?	Yes	No
7. Had seizures?	Yes	No	17. Have any skin problems?	Yes	No
8. Had headaches?	Yes	No	18. Wears glasses, contacts?	Yes	No
9. Ever had back/joint problems?	Yes	No	19. Had asthma/wheezing/shortness of breath?	Yes	No

Please explain “Yes” answers in the space below. (Please attach additional sheets with camper name/age if needed.)

**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)? Yes    No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes    No
3. During the past 12 months, seen a professional to address mental/emotional health concerns? Yes    No
4. Had a significant life event that continues to affect the camper’s life? Yes    No  
 (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster)

Please explain “Yes” answers in the space below. The camp may contact you for additional information.

**Restrictions:**

I have reviewed the program and activities of camp and feel the camper can participate without restrictions.  
 I have reviewed the program and activities of camp and feel the camper can participate with the following restrictions or adaptations.

**Medications:**

This camper will not take any daily medications while attending camp.

This camper will take the following daily medication(s) while at camp.

“Medication is any substance a person takes to maintain and/or improve their health.” This includes vitamins and natural remedies. We require that all medications are in the original pharmacy container with the camper’s name and physician’s prescription. Please provide enough medication to last the entire time while at camp.

Medication	Route	Dosage	Schedule and Indications	Comments:

**The following non-prescription medications are available in our Health Lodge. Our medical staff provide them for campers on an as needed basis to manage illness and injury. Please cross out those the camper should NOT be given.**

- |  |   |
|--|---|
| Acetaminophen (Tylenol)                | Sore Throat Spray   |
| Ibuprofen (Advil, Motrin)              | Bacitracin/First Aid Cream                                |
| Robitussin                             | Antacid (Mylanta, Tums, Pepto Bismol)                     |
| Pseudoephedrine decongestant (Sudafed) | Aloe  |
| Antihistamine/allergy medicine         | Orasol/Ambesol  |
| Ivy Block/Tecnu                        | Lice Shampoo (Nix)  |
| Calagel, Calamine, Hydrocortisone      | Diphenhydramine antihistamine/allergy medicine (Benadryl) |
| Generic Cough Drops                    | Laxatives for constipation (Ex-Lax)                       |



**South Mountain YMCA Camps**  
**Hold Harmless Agreement**  
**2012**

I, as a parent or guardian of this camper, understand that South Mountain YMCA takes reasonable precautions to insure that South Mountain YMCA programs and activities are conducted by qualified personnel in a safe and responsible manner. However, I further understand that these activities involve certain risks and may include but are not limited to: horseback riding (including the inability to predict a horse's reaction to sound, movement, objects or animals, and the inability to predict the hazards of surface/subsurface conditions), ropes courses, climbing, zipline, swimming, water sports, land sports, target sports (including archery, trap, riflery, .BB's), overnight camping, boating, bicycling, hiking, amusement park rides, bus trips, weather conditions, plants, insects and rugged terrain. I recognize these risks and agree to assume these risks by allowing my camper to attend South Mountain YMCA and participate in these programs. I hereby release, indemnify and hold harmless South Mountain YMCA, their officers, agents and employees from all deriving from my camper's presence at South Mountain YMCA or South Mountain YMCA sponsored trips and activities whether arising from an act or omission, negligent or otherwise, to the fullest extent permitted by law.

Permission is granted for my child to participate and I understand, that by signing this form, I am voluntarily and knowingly accepting responsibility for my child's participation in the South Mountain YMCA program.

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian (signature): \_\_\_\_\_ Date \_\_\_\_\_

## South Mountain YMCA Camps Memo of Understanding 2012

To be read, understood and signed by Camper and Parent/Guardian

We welcome you to our South Mountain YMCA Camps. In order to provide the best possible camp experience for everyone, there are certain rules and policies that have been established for the health, safety and welfare of all involved. The camper listed below agrees to abide by the following:

1. Campers are not allowed to smoke, chew tobacco or possess any smoking materials, alcohol or illegal drugs.
2. All prescription and over the counter medications must be kept in the health lodge under the control of the camp nurse.
3. Campers are not to possess or use firecrackers or explosives. Campers may not keep weapons of any kind.
4. Willful destruction of property will be the financial responsibility of the camper's parent/guardian.
5. Campers may not leave camp property or established boundaries of camp without YMCA staff permission and supervision.
6. Continued inappropriate behavior, including threatening, swearing, not following directions, bullying, teasing, sexual harassment/intimidation and improper behavior in transportation vehicles, may result in immediate dismissal from camp without refund.
7. In today's world of technology we understand the connection that people have to cell phones in every day life. South Mountain YMCA has determined camp to be a **CELL PHONE FREE** program for our campers. We strive to role model the values of caring, honesty, respect and responsibility and we expect parents to help ensure that campers **do not bring cell phones to camp** for the safety and well being of all children.
8. The YMCA is not responsible for articles of clothing or personal belongings lost or damaged.

We reserve the right and WILL send ANYONE home (at parent's expense and liability) who violates these rules. It is the responsibility of the parent/guardian to pick up or arrange transportation home for the camper. The camp administrator reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary.

Camper Name \_\_\_\_\_

Date \_\_\_\_\_

Camper Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_