

2010 DAY CAMP HEALTH FORM



We build strong kids, strong families, strong communities.

CHILD'S NAME: _____

CAMP(S) ATTENDING: KIDS Camp Kamp Kermit - East Side
 Camp Wabansi Kamp Kermit - Langlade

WEEK(S) ATTENDING: _____

IMMUNIZATION HISTORY REQUIREMENTS

The following are the minimum required immunizations. Children entering kindergarten must have received one dose of DTP/DTaP/DT after the 4th birthday to be compliant. Measels, mumps and rubella vaccines must be received on or after the first birthday.

Age/Grade	Number of Doses					
2 years through Kindergarten:	4 DTP/DTaP/DT	3 Polio	1 MMR	3 HepB	3Hib	1 Varicella
At Kindergarten entrance:	4 DTP/DTaP/DT/Td	4 Polio	2 MMR	3 HepB		1 Varicella

List the month, day and year your child received each of the following immunizations. DO NOT USE AN "X" OR CHECK MARK to indicate it has been completed. If you do not have an immunization record at home, contact your doctor or public health agency to obtain the dates.

TYPE OF VACCINE	First Dose mo/day/yr	Second Dose mo/day/yr	Third Dose mo/day/yr	Fourth Dose mo/day/yr	Fifth Dose mo/day/yr
DTP/DTaP/Td Diphtheria Tetanus-Pertussis (Whooping Cough)					
Polio					
Haemophilus influenzae (HIB)					
Hepatitis B					
Measels, Mumps, Rubella (MMR)					
Varicella (Chicken Pox)					

This child is not immunized:
 For religious reasons
 For personal conviction reasons

HEALTH HISTORY

Child's Physician and Address: Name: _____
 Address: _____
 Phone: _____

Will your child require any medication while attending YMCA Camp? Yes No

If yes, please list medication(s): _____

Does your child have a history of:

- Physical Handicaps ADD/ADHD Sensitivity to Sun Seizures Heart Problems
 Diabetes Non-Food Allergies Food Allergies Asthma
 Other (describe): _____

If you checked any of the above items, please answer the following questions that apply:

Triggers that may cause problems: (specify) _____

Signs or symptoms to watch for: (specify) _____

Action steps for camp staff to take: (specify) _____

When to call parents regarding symptoms or failure to respond to treatment: _____

When to consider emergency medical care: _____

Any additional information that may be helpful to staff: _____

*Please contact your Camp Director if your camper has any special medical needs or conditions that camp should be aware of.

PARENT CONSENT/AUTHORIZATION

Please initial each line, and provide your signature at the bottom of the column stating you have read and understand each item.

_____ I am aware that a copy of the YMCA Licensing Rules for Camp are available at the program for review at any time.

_____ I authorize the YMCA to take my child on all field trips, whether by bus transportation or by walking, during any of the YMCA Summer Camp program days my child is enrolled.

_____ I give or do not give permission for promotional photographs or videotape to be taken of my child.

_____ In the event of an emergency, I authorize any medical treatment that may be needed. I understand that in the event of an injury, I will be contacted first and this waiver will only be necessary if I or my emergency person cannot be reached.

_____ I authorize camp staff to apply bug repellent and/or sunscreen to my child at camp.

_____ I understand that all information provided is confidential, will remain confidential, and is only used as a resource or guide in understanding my child.

_____ I understand a two-week written notice is required to cancel my child's week of camp and receive any refund.

_____ I will receive my camp payment minus a \$25 cancellation fee if written notice is provided to the camp office as stated.

_____ I authorize camp staff to provide routine health care, administer prescribed medication or seek emergency treatment if necessary.

_____ I understand that emergency medical transport and medical treatment are the financial responsibility of the parent and that Camp and the Greater Green Bay YMCA are not financially responsible for those costs.

Parent/Guardian Signature

Date

Please submit the Day Camp Health Form at least two (2) weeks prior to your child's session.

Return to any Green Bay YMCA location or return by mail to:

Summer Camp, Greater Green Bay YMCA, 235 N. Jefferson Street, Green Bay, WI, 54301.

A MEDICATION AUTHORIZATION FORM is required if camp needs to administer medication to your child. Download at www.GreenBayYMCA.org or contact your Camp Director.