

GREATER GREEN BAY YMCA 2019 DAY CAMP HEALTH FORM



CHILD'S NAME: _____

CAMP(S) ATTENDING: Kamp Kermit KIDS Camp

WEEK(S) ATTENDING: _____

IMMUNIZATION HISTORY

The following are the minimum required immunizations according to the Department of Health Services. Children entering kindergarten must have received one dose of DTP/DTaP/DT after the 4th birthday to be compliant. Measles, mumps, and rubella vaccines must have been received on or after the 1st birthday.

List the month, day, and year your child received each of the following immunizations (or attach a separate sheet with immunization records). DO NOT USE AN 'X' OR CHECK MARK to indicate it has been completed. Contact your doctor or public health agency to obtain dates if necessary.

TYPE OF VACCINE	FIRST DOSE mm/dd/yy	SECOND DOSE mm/dd/yy	THIRD DOSE mm/dd/yy	FOURTH DOSE mm/dd/yy	FIFTH DOSE mm/dd/yy
DTP/DTaP/Td Diphtheria Tetanus-Pertussis (Whooping Cough)					
Polio					
Haemophilus influenzae (HIB)					
Hepatitis B					
Measles, Mumps, Rubella (MMR)					
Varicella (Chicken Pox)					

REQUIREMENTS:

- | | |
|-----------------------|---------------------------|
| 2 yrs - Kindergarten: | At Kindergarten entrance: |
| • 4 DTP/DTaP/DT | • 4 DTP/DTaP/DT/Td |
| • 3 Polio | • 4 Polio |
| • 1 MMR | • 2 MMR |
| • 3 HepB | • 3 HepB |
| • 3 HIB | • 2 Varicella |
| • 1 Varicella | • 3 HIB |

- This child is not immunized for religious reasons.
- This child is not immunized for personal conviction reasons.

HEALTH HISTORY

Please check any conditions that affect your child:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> No conditions | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> ADD/ADHD/Behavioral Disorders | <input type="checkbox"/> Sensitivity to Sun |
| | <input type="checkbox"/> Asthma | <input type="checkbox"/> Autism | <input type="checkbox"/> Asperger's Syndrome |
| | <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Heart Problems |
| | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Cerebral Palsy/Motor Disorder |
| | <input type="checkbox"/> Food/Milk Allergies | <input type="checkbox"/> Non-Food Allergies | <input type="checkbox"/> Gastrointestinal/Feeding Concerns |
| | <input type="checkbox"/> Other (describe) _____ | | |

1. Please describe any health conditions checked above: _____

2. Triggers that may cause problems (specify): _____

3. Signs or symptoms to watch for (specify): _____

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

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

6. When to consider emergency care: _____

7. Any additional information that may be helpful to staff: _____

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

2019 DAY CAMP HEALTH FORM

PHYSICIAN/HOSPITAL

Child's Physician: _____

Address: _____

Phone: _____

Preferred Hospital/Clinic: _____

SWIMMING ABILITY

Non-Swimmer Beginner Intermediate Advanced

MEDICATION

Will your child be taking any medication while attending camp?

Yes No

If yes, please list medication(s): _____

Will your child be bringing this medication to camp?

Yes No

*Camp Staff will document and securely store all medications during your child's camp stay. A signed MEDICATION AUTHORIZATION FORM is required to be **turned in with your child's medication** when you check in your child at camp. Please download at www.greenbayymca.org or contact your Camp Director.

PARENT CONSENT/AUTHORIZATION

Please initial each line indicating that you 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, walking, or biking; 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 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 understand that 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: _____

This Health Form must be submitted at least two (2) weeks prior to your child's session.

MAIL TO:

YMCA Kamp Kermit
East Side YMCA
1740 S. Huron Road
Green Bay, WI 54311
(920) 436-1200

MAIL TO:

YMCA KIDS Camp
West Side YMCA
601 Cardinal Lane
Green Bay, WI 54313
(920) 436-9675