



# Camp Loma Mar Camper Health History Form

**DO NOT MAIL**  
Please bring form to  
camp on check-in day.

**CAMPER NAME:** \_\_\_\_\_ **Birth Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
Last First

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent/Guardian Name 1:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Parent/Guardian Name 2:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Family Email Address:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**IMMUNIZATION HISTORY** Are all immunizations up to date?  Yes  No **Date of last tetanus shot** (if known): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date of last physical exam:** : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Policy and/or group #:** \_\_\_\_\_

**Present** (please check) — **If YES for asterisk \* items, please provide a detailed description on the back of this form.**

**Currently under Dr. care\***  Yes  No

**ADD/ADHD**  Yes  No

**No Head Lice (recent)**  Yes  No

**Heart defect/disease\***  Yes  No

**No Autism**  Yes  No

**Chicken Pox**  Yes  No

**Recent hospitalization\***  Yes  No

**No Asperger's Syndrome**  Yes  No

**No Measles**  Yes  No

**Asthma\***  Yes  No

**No Bedwetting**  Yes  No

**No German Measles**  Yes  No

**Seizures\***  Yes  No

**Sleepwalking**  Yes  No

**No Other diseases/conditions**  Yes  No

**Diabetes\***  Yes  No

**No Tuberculosis**  Yes  No

**For each YES, please explain:** \_\_\_\_\_

**Dietary Restrictions?**  Yes  No \_\_\_\_\_

**Any reason to restrict full activity including swimming, long hikes, strenuous physical games?**  Yes  No

**Any current mental, or psychological conditions requiring special consideration or restrictions?**  Yes  No

**For each ✓ Yes, please explain:** \_\_\_\_\_

**Current medications: to be continued at camp:** (use additional pages if necessary)

**Med Name, Dosage** \_\_\_\_\_ (Circle frequency) **Breakfast, Lunch, Dinner, Bedtime, as needed, other time** \_\_\_\_\_

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**Med Name, Dosage** \_\_\_\_\_ (Circle frequency) **Breakfast, Lunch, Dinner, Bedtime, as needed, other time** \_\_\_\_\_

**Inhalers or EpiPens brought to camp?** List what for and instructions \_\_\_\_\_

**Other Medication Instructions for Health Care Staff:** \_\_\_\_\_

**Non-Prescription Medications I authorize the following medications or generic equivalent to be administered as needed:**

**Cough/Sore Throat Drops**  Yes  No

**Metamucil**  Yes  No

**Pepto Bismol**  Yes  No

**Cough Syrup**  Yes  No

**Acetaminophen (Tylenol)**  Yes  No

**Benadryl**  Yes  No

**Ibuprofen (Advil)**  Yes  No

**Hydrocortisone**  Yes  No

**Ethnicity** (for statistical reporting only)

**Black/African American**

**Asian/Pacific Islander**

**Hispanic/Latino**

**White/Caucasian**

**Native American**

**Other:** \_\_\_\_\_

**Parent/Guardian Authorization:** This Health History is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by the YMCA to order x-rays, routine tests, and treatment for the health of my child, } and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. Recognizing that the YMCA will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release the YMCA from all responsibility and liability of any nature, including claims from injury, illness, death, loss, or damage, resulting from my child's participation in program activities. I also give the YMCA and its staff permission to treat my child to the extent they are trained to do so and to administer any/all medication prescribed by the child's doctor and any/all approved non-prescription medications.

This form may be photocopied for use away from the main program site. I authorize the YMCA staff to apply sunscreen to my child's exposed skin, on an as-need basis.

**Parent/Guardian Authorization:** I agree that any camp participant's belongings may be searched outside the participant's presence for drugs, alcohol, weapons or other forbidden objects.

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

**Photographic Waiver/Consent:** I give my permission to the YMCA of the East Bay to use my picture or other likeness, or a picture of other likeness of any of my children in the YMCA's general publicity and campaign materials.

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