

# Camp Ta Ta Pochon Health History Form

Please complete this form in its entirety. One form per child.  
Please print clearly with blue or black ink.



Camper Name	Age (at camp)	Date of Birth	Gender
Home Address	City	State	Zip Code
Parent/Guardian's Name #1	Mobile Number	Work Number	
Home Address	City	State	Zip Code
Parent/Guardian's Name #2	Mobile Number	Work Number	
Home Address	City	State	Zip Code

### EMERGENCY CONTACT INFORMATION

Name	Mobile Number	Relationship
Name	Mobile Number	Relationship
Name	Mobile Number	Relationship

### INFO REQUIRED BY LAW (If you have insurance)

Health Insurance Provider/Policy Number

Policy Number

Dependant Relationship

Social Security Number or Ins. ID Number of Dependant

Family Physician

Contact Number

Family Dentist

Contact Number

### VACCINES (Approx. date immunized)

DPT	Measles
Tetanus	Mumps
Oral Polio	Rubella
Haemophilus Influenza B	Hepatitis B
Whooping Cough	Meningitis (Preteens & Teens)

Notes:

### MEDICAL INFORMATION PAST OR PRESENT (Please check all boxes)

<b>Asthma</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>ADD/ADHD</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Measles</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Heart Defect/Disease</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Head Lice (recent)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>German Measles</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Recent Hospitalization</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Bed-Wetting</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Psychological Conditions</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Currently Under Doctor Care</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Sleepwalking</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hepatitis</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Seizures</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Tuberculosis</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Migraine/Head Aches</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Diabetes</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Chicken Pox</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Other</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each Yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALLERGIES & SPECIAL NEEDS (Please check all boxes)**

<b>Hay Fever</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Bee Stings</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Penicillin</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Oak/Ivy Poisoning</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Bee Sting Kit?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Other Medication?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Foods</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Other Insects or Animals?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Other Allergies?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Foods	Reaction & Treatment Procedures
_____	_____
_____	_____
_____	_____

Medications	Reaction & Treatment Procedures
_____	_____
_____	_____
_____	_____

For each Yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NON-PRESCRIPTION MEDICATIONS (Please check all boxes)**

*I authorize the following medications to be administered as needed.*

<b>Acetaminophen</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Generic Benadryl</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Midol</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Chloraseptic</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Calamine Lotion</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Generic Antacid</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ibuprofen</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Bacitracin</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Laxative</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cough Drops</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Hydrocortisone Cream</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Decongestants</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cough Syrup</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Lice Shampoo</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Epi-Pen</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CURRENT MEDICATIONS**

**THIS CAMPER TAKES NO MEDICATION ON A ROUTINE BASIS**

*Please list all medication (including over-the-counter or non-prescription drugs) taken routinely.  
Make sure you prepare enough medication to last your child's entire stay at camp.*

Medication #1	Dosage	Frequency (Specific times taken each day)
_____	_____	_____
Reason for Medication		
_____	_____	_____
Medication #2	Dosage	Frequency (Specific times taken each day)
_____	_____	_____
Reason for Medication		
_____	_____	_____
Medication #3	Dosage	Frequency (Specific times taken each day)
_____	_____	_____
Reason for Medication		
_____		

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PARENT'S 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 camp health personnel selected by the YMCA to dispense routine; and as needed medications and to provide 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, nurse practitioner, dentist and/or orthodontist selected by the YMCA to release medical records, hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named on this health history form. We recognize that the participant must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies will be cause for participant's dismissal without refund of fees.

**CONSENT TO SEARCH CAMPER'S BELONINGS**

In order to prevent harm, maintain order and safety to all campers and staff who are participating in the YMCA of West San Gabriel Valley camping activities, I (parent/guardian) hereby give permission to YMCA camp staff to search my camper's belongings when there is reasonable suspicion that the camper has possession of illegal or dangerous items (i.e./ weapons, knives, alcohol, illegal drugs, fireworks or explosives) or the camper seriously violates camp rules and evidence of the infraction can be found through a search of the camper's personal belongings. To the extent possible, the camper will be present during such a search and the scope of the search will be limited to their personal belongings.

**PHOTO RELEASE**

\_\_\_\_\_ (PLEASE MARK WITH AN "X" IF NOT ALLOWED)

I hereby irrevocably consent to and authorize the use and reproduction by the YMCA, or anyone authorized by the YMCA, or any and all photographs which you have this day taken of my child, negative or positive, for any purpose whatsoever without compensation to me. All negatives and positives, together with the print, shall constitute the YMCA's property, solely, and completely.

**MEMO OF UNDERSTANDING**

In order to provide the best possible experience for everyone, there are certain rules and policies that have been established for the health and safety of all involved.

1. The camper agrees to abide by the rules and regulations set by the camp for the health, safety and welfare of all campers.
2. Campers are not allowed to smoke, chew tobacco, possess any smoking materials, alcohol or illegal drugs.
3. All medications/prescribed drugs must be kept in a secure location under the control of the Camp Nurse.
4. Campers are not to possess or use firecrackers or explosives. Campers may not possess weapons of any kind.
5. Willful destruction of property will be the financial responsibility of the camper's parent.
6. Campers may not leave camp property or established boundaries without YMCA camp staff permission.
7. Continued inappropriate behavior, including threatening, swearing, not following directions, teasing, sexual harassment/intimidation and improper behavior in transportation vehicles, may result in IMMEDIATE DISMISSAL FROM CAMP WITH NO REFUND.
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 parents' 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 once we arrive back to the YMCA on Saturday, July 27<sup>th</sup>. The camp directors reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary.

**I have read, and understood and will abide by the rules as stated above throughout my stay at camp.**

Camper Signature

Camper Name

Date

Parent/Guardian Signature

Parent/Guardian Name

Date

**CAMP USE ONLY**

Date Screened

Time AM / PM

Update/Additions to HHF?  Y  N  N/A

Screened By

Screeener's Signature

Medication Received:

Current Health Needs Identified:

Observational Notes: