

Camp We Can

Newport County YMCA Camper's Health History

Child's Name (print): _____

Age of child on the first day of camp: _____

Has your child ever attended Newport County YMCA Camp before? Yes No

General History (Please answer the following questions by circling Yes or No)

Ever been hospitalized?	Yes	No	Had a seizure?	Yes	No
Ever had surgery?	Yes	No	Ever had high blood pressure?	Yes	No
Had recent injuries?	Yes	No	Had Fainting or dizziness?	Yes	No
Ever had back/joint problem?	Yes	No	Passed out/had chest pain while exercising?	Yes	No
Have diabetes?	Yes	No	Wear glasses, contacts or protective eyewear?	Yes	No
Have a Wheelchair	Yes	No			

If you answered yes to any of these questions please explain _____

Allergies (Please list out)

Food Yes No _____

Medication Yes No _____

Bees Yes No _____

Other Yes No _____

Medication

Does your child take any medication? Yes _____ No _____

If yes, will it be dispensed while your child is at camp? Yes _____ No _____

If yes, please fill out separate form with camp counselor.

List medications:

	Dispensed at camp	
	Yes	No

Background about your Child

Does your child have an aide during the school year? Yes _____ No _____

If yes, will he/she have one during the summer? Yes _____ No _____

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If no, please explain: _____

Can your child communicate what he/she wants and needs? Yes _____ No _____

If yes, how does he/she do that? Speech Gestures Please explain: _____

Does your child follow simple directions? Does he/she require prompts or gestures? _____

Does your child tell you when he/she needs to use the bathroom? Yes _____ No _____

Does your child require assistance when using the bathroom? Yes _____ No _____

If yes, what kind of assistance is required? _____

Does your child require assistance when getting changed for the pool? Yes _____ No _____

If yes, what kind of assistance is required? _____

Does your child wear a bubble or require any other assistance while in the pool? Yes _____ No _____

If yes, what kind of assistance is required? _____

Is your child sensitive to certain or loud noises? Yes _____ No _____

If yes, please explain _____

Are there any behaviors that we should be aware about? Yes _____ No _____

If yes, please explain _____

Does your child have any triggers both good and bad that we need to be aware of? _____

What is your child's favorite activity? _____

What kind of activities does your child not like? _____

What do you hope your child gets out of summer camp? _____

Is there anything else we should know about your child before they start camp? _____

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Parent's Authorization:

This health history is correct to the best of my knowledge and my child has permission to engage in all planned activities, except as noted. I understand that the Newport County YMCA has authority to dismiss any child from camp due to inappropriate conduct. If a camper puts staff or another participant in harms way, that camper will be dismissed for the balance of the summer.

Parent/Guardian's name (print) _____

Parent/Guardian's signature _____ Date: _____

Parent contact phone _____

Assistance Agreement

I acknowledge that my child may need assistance in the bathroom and/or with changing for swim. I want a Camp We Can counselor to help my child in the bathroom or locker room if he/she needs it.

Parent/Guardian's name (print) _____

Parent/Guardian's signature _____ Date: _____

Other pertinent information: