



SUMMER CAMP 2018 CAMPER INFORMATION PACKET

Camper's Full Name _____

Date of Birth _____

Camp Registering For _____

Grade (2018-2019 school year) _____

School _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian 1 Name _____

Phone _____

Email _____

First Contact Second Contact

Parent/Guardian 2 Name _____

Phone _____

Email _____

First Contact Second Contact

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN) AND INDIVIDUALS AUTHORIZED TO PICK-UP MY CHILD

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

Please explain safety concerns or custody issues that our staff need to be aware of regarding family members or unauthorized individuals.

-OVER-



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INSURANCE COVERAGE AND MEDICAL CONTACTS

Is the camper covered by insurance? Yes No

Name of Primary Insured _____

Insurance Provider _____

Policy # _____ Group # _____

Name of Primary Physician _____

Phone _____

ALLERGIES AND RESTRICTIONS

Please complete the reaction/management section in detail, if applicable. If medication is required, provide on your child's first day.

Medication Allergy _____ Reaction/Management _____

Food Allergy _____ Reaction/Management _____

Other Allergy _____ Reaction/Management _____

Dietary Restrictions _____ Explanation _____

Activity Restrictions _____ Explanation _____

My child requires a peanut-free zone. I request that my child eats all snacks and meals in this designated area.

MEDICATIONS

Please list all medications (including over the counter or non-prescription drugs) taken routinely. Medication should be administered at home whenever possible.

Medication _____ Dosage/Time of Day _____ Reason _____

Medication _____ Dosage/Time of Day _____ Reason _____

I understand medications must be brought in the original container and given to the program or site director when my child arrives. In addition, I understand that all medication must be accompanied by a written note from the prescribing physician. I authorize the B.R. Ryall YMCA to administer the above-listed medication to my child while he/she is in the YMCA programs.

Parent/Guardian Signature _____ Date _____



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GENERAL MEDICAL HISTORY

Has/does the participant:	Yes	No	Has/does the participant:	Yes	No
1. Have any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	17. Ever had joint problems (knees, ankles, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	18. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have any skin problems (itching, rash, acne, etc)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have asthma?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	22. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during exercise?	<input type="checkbox"/>	<input type="checkbox"/>	23. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	24. If female, have an abnormal menstrual history?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	25. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	26. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" answers, including the corresponding number.

ADDITIONAL MEDICAL INFORMATION

Please provide any additional information about the participant's behavior and physical, emotional or mental health that our camp staff members should know.

Please list any accommodations that your child may require related to medical or behavioral conditions. (A director and/or summer camp social worker will follow up within seven days to discuss requested accommodations.)

-OVER-



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STATEMENT OF HEALTH HISTORY ACCURACY AND RELEASE FOR MEDICAL TREATMENT

This health history is correct and complete as far as I know, and the person herein and described has permission to engage in all activities except as noted. I hereby give permission to the B.R. Ryall YMCA and its staff to provide routine health care, administer prescribed medications and seek emergency medical treatment including order x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the B.R. Ryall YMCA to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the B.R. Ryall YMCA to secure and administer treatment, including hospitalization, for my child named on this form. This completed form may be photocopied for program trips.

Parent/Guardian Signature _____ Date _____

NOTE: During the course of registering for programs, the YMCA requests pertinent medical information be shared with us in order to serve you and your family in the safest possible environment. We understand that medical information about your child's health is personal and we are committed to protecting the information that you share with us.

EMERGENCY FIRST AID RELEASE

The only first aid measures taken at the program are as follows: Bump or bruise - apply ice as needed; cut or scratch - clean with soap and water, bandage; nose bleed - apply pressure. If further care is needed, we will notify a parent/guardian.

Parent/Guardian Signature _____ Date _____

TRANSPORTATION, FIELD TRIPS, EXCURSIONS AND PUBLIC FACILITIES AGREEMENT

I authorize my child to ride as a passenger in the vehicles owned by the B.R. Ryall YMCA or in rented buses operated by a contracted third party for the purpose of transportation to and from field trips and excursions. I also authorize the representatives of the B.R. Ryall YMCA to take my child on walking trips, special excursions and to nearby park facilities. I understand that all such trips are under the supervision of YMCA staff members and that health and safety precautions are taken. I understand that firearms are prohibited on any premises of the program.

Parent/Guardian Signature _____ Date _____

HOLD HARMLESS AGREEMENT

I, hereby, certify that _____ is in normal health and capable of participating in this program. I understand that the goals of the Y are based upon having our core values: Caring, Honesty, Respect and Responsibility. Furthermore, by my signature, and of my free will, I do hereby agree to indemnify and hold harmless the B.R. Ryall YMCA of Northwestern DuPage County from any and all claims or demands, cost or expense arising out of any injuries or damage sustained by me or any party I am responsible to or for.

Parent/Guardian Signature _____ Date _____

NOTE: Summer Camp programs are not licensed or regulated by DCFS.

PHOTO RELEASE

I authorize that the B.R. Ryall YMCA has my permission to photograph or videotape my/our child for purposes of program promotion or publicity.

Parent/Guardian Signature _____ Date _____



SUMMER CAMP 2018 CAMPER CHARACTER CONTRACT

Developing and displaying positive character values is very important at the B.R. Ryall YMCA Summer Camp. Understanding and practicing the Y's core values of Caring, Honesty, Respect and Responsibility is a big part of our commitment to offering a safe and fun camp experience. Therefore, we expect our campers to agree to follow our Camper Character Code:

- We CARE for ourselves and those around us.**
- We earn each other's trust by being HONEST.**
- We RESPECT each other and the environment.**
- We are RESPONSIBLE for our own actions and choices.**

Campers are expected to:

- Show respect and kindness to other campers and staff.
- Be honest with other campers and staff.
- Respect the property of the Y and other campers.
- Demonstrate responsibility by being helpful.
- Be respectful of others' feelings and differences.
- Do what I can to have fun, and to help others have fun, too.

The following behavior will not be tolerated:

- Inappropriate language (swearing, slang/negative words)
- Fighting, "rough-house" play or behaving in an unsafe or aggressive manner (hitting/kicking/biting)
- Stealing
- Bullying (physical or emotional)
- Vandalism or improper use of Y equipment
- Disrespectful behavior
- Failure to follow directions repeatedly
- Running away from camp, counselors and/or Y staff

Failure to comply with these expectations will result in disciplinary actions outlined on page 3 of the Parent Handbook.

After reviewing the Camper Character Contract and Parent Handbook with your child, please sign below and return with your Summer Camp paperwork.

Camper _____

Date _____

Parent/Guardian _____

Date _____