

*** Place a completed COPY of this Health Form in your camper suitcase ***



YMCA Camp Thunderbird

Health Form

RETURN BY MAY 1ST

YMCA Camp Thunderbird
One Thunderbird Lane
Lake Wylie, SC 29710-8811
704-716-4100 / 800-732-3855

PICTURE

(optional, but very helpful when identifying kids, especially for special needs such as food or bee allergies)

Camper's Name: _____

Gender: (circle one) Male Female Birthdate: _____

Custodial Parent/Guardian: _____

Day Phone Number: _____ Evening Phone Number: _____

Cell Phone: _____

Street Address: _____

City, State, Zip: _____

Resident Camp Session(s): Please Circle 1 2 3 4 5 6 Day Camp Session(s): Please circle: 1 2A 2B 3A 3B 4A 4B 5A 5B 6
Circle all session(s) attending for Resident Camp and/or Day Camp

We use this information to: (a) Brief Kitchen Staff about diet needs; (b) Educate counseling staff about camper needs; and (c) Provide healthcare staff with background about your child.
Receiving adequate information prior to your child's arrival; is crucial to our ability to provide supportive environment.

Health History: To be completed and signed by parent or guardian within one year of attending program. Return this form by May 1st (immediately for late registrations). **Keep a copy for your records** and to record changes in your child's health status. Notify YMCA Camp Thunderbird in writing if there are any changes. YMCA Camp Thunderbird will place health forms in storage after each season. **PLEASE KEEP A COPY FOR YOUR RECORDS.**

Due to the nature of the camp community, we are unable to accept sick children on check-in day. Please do not bring your child to camp with any of the following: * fever > 100.4 * untreated ear infection or pain * vomiting and/or diarrhea * untreated orthopedic injury * untreated skin infection/rash **** Camper must be fever free for 24 hrs without taking fever reducing medications.**

Allergies: Check those which apply to this camper.
 This Camper has no known allergies
 This camper has an allergy of the following foods: _____ This causes anaphylaxis: Yes No Describe the reaction if this food is eaten and what is done to manage it: _____
 This camper is allergic to the following medication(s): _____
 This camper is allergic to the following substance(s): _____ This causes anaphylaxis: Yes No Describe the reaction and what is done to manage it (attach additional information if needed): _____

Diet: Check those which apply to this camper. Note that our camp kitchen staff prepares food representing a variety of cultures. We can work effectively with most medically prescribed diets but cannot cater to individual food preferences. Please call if you have a question about diet. (next page)

This camper eats a regular, varied diet and is prepared to eat foods of different cultures.
 This camper is a vegetarian of this type: Semi-vegetarian (no pork or beef) Lacto-ovo (no beef, pork, chicken, seafood, or fish) Pesco (no pork, beef, or chicken) Vegan (no meats, eggs, or dairy)
 This camper is lactose-intolerant: Check one: This camper uses a product like Lactaid, can self-manage the intolerance. This camper needs a lactose-free diet that includes no lactose in baked items.

(i.e., breads, cookies, cakes)

Chronic Concerns: Check all that pertain to this camper and provide information about supportive health care.

This camper has, or has had in the past, the following chronic health concern(s):

- Asthma ** Headaches Sleepwalking Diabetes ** Life threatening allergies
- Menstrual Cramps Frequent ear infections Frequent colds Bedwetting Seizures
- Other (please describe) _____

**** A care plan from the physician specialist must be attached.**

Provide information about supportive health care needed for each checked item above

Medication: Provide complete information. Bring enough medication to last the entire session(s). ALL medications MUST be in original pharmacy containers and appropriately labeled (see Parent Handbook). Campers should be taking the same medication at the same dose for at least three months prior to arrival. **All medications (including over-the-counter) must be checked into the Health Center.**

This camper does not take any medication.

This camper takes routine medication (include vitamins) as follows (attach more information if needed):

Please list medications this camper takes regularly and at school:

Name of medication: _____
 Reason for taking: _____
 Dose taken: _____
 How often each day? _____

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 Reason for taking: _____
 Dose taken: _____
 How often each day? _____

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 Reason for taking: _____
 Dose taken: _____
 How often each day? _____

IMMUNIZATION HISTORY

Attach a complete copy of shot record

General History: Check yes or no for each statement

- This camper has had chicken pox----- Yes No
- This camper has had mononucleosis in the past 12 months ----- Yes No
- This camper's hearing is within normal ranges ----- Yes No
- This camper is prepared to fall asleep at night without supports such as reading or listening to music----- Yes No
- This camper typically makes noise while sleeping (snores, talks in sleep, etc)----- Yes No
- This camper usually gets up at night to use the bathroom----- Yes No
- This camper shares his/her bedroom at home with at least one other person ----- Yes No
- This camper uses contact lenses (consider bringing an extra pair) or glasses to correct vision ----- Yes No
- This camper is free of illness, injury or surgery which would affect program participation ----- Yes No
- For girls: This camper knows about menstruation and/or has a normal menstrual history ----- Yes No
- For girls: I give permission for the camp nurse to instruct my daughter in the use of tampons and sanitary pads at camp ----- Yes No

Name of camper's pediatrician: _____

Office Phone: _____

Name of camper's orthodontist: _____

Office Phone: _____

Name of camper's dentist: _____

Office Phone: _____

Any additional doctors camper is seeing: _____

Office Phone: _____

Mental and Emotional Health: Check Yes or No for each statement

- This camper takes medication for a mental/emotional disorder ----- Yes No
- This camper has been diagnosed with Attention Deficit Disorder (ADD) or (AD/HD) ----- Yes No
- This camper has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder ----- Yes No
- This camper has an emotional health concern ----- Yes No
- This camper has a learning disability ----- Yes No
- This camper has been or is currently seeing a professional to address mental/emotional health concerns ----- Yes No

If Yes was the answer to any question in this section, please attach a statement from your physician or psychiatrist which:

- (a) Describes the concern and camper’s management plan (including medications).
- (b) Describes the behaviors which would indicate to our staff that your camper needs professional referral, and
- (c) Provides a recommendation for participation in the YMCA Camp Thunderbird program.

What have we forgotten to ask?

Provide additional information about your camper’s health which may have been neglected on this form. We are particularly interested in information in which has impact upon your camper’s ability to fully participate in our program.

Provide additional information about your camper’s health, if needed, by attaching a written page to this form

Billing Information for Health Care: There is generally no charge for health care received from the provider in the camp. However, parents/guardians are financially responsible for health care given by an out-of-camp provider. To whom should we route charges for this camper’s health care? **Include a copy of your insurance card. Be sure to copy both sides of the card so addresses and telephone numbers are available.**

Insurance Company: _____

Insurance Co.

Address: _____

Policy Number: _____

Name of Employee or Insured: _____ **Relation to Camper:** _____

PLEASE NOTE

In this era of healthcare reform, YMCA Camp Thunderbird may have to pay a fee. We will bill you in that situation.

Be sure to arrange preauthorization for our program if your insurance requires it

Parent Contact Information: We will call in an emergency or if we have questions about your camper. Provide contact information of other people who know your camper and with whom we can consult if we cannot reach you. We assume you have spoken with these individuals and they are willing to assist should the need arise.

Alternate Relationship
Contact: _____ Telephone: _____ to camper: _____

Alternate Relationship
Contact: _____ Telephone: _____ to camper: _____

IMPORTANT – THIS BOX MUST BE COMPLETE FOR ATTENDANCE*

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a “need to know” basis with camp staff. I give permission to photocopy this form for treatment and off camp trips. In addition, the camp has permission to obtain a copy of my child’s health record from providers who treat my child and these providers may talk to the program’s staff about my child’s health status.

Signature of Custodial Relationship
Parent / Guardian: _____ to Camper: _____

Date: _____

**** If for religious reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.**

HAVE YOUR PHYSICIAN COMPLETE THIS FORM. THIS FORM IS REQUIRED. PLEASE RETURN WITH HEALTH HISTORY BY MAY 1ST.



Medical Recommendation Form (Mandatory)

To Physicians: This child has enrolled in a summer residential program of YMCA Camp Thunderbird. The program includes physical activity (i.e., swimming, soccer, volleyball). Our healthcare staff uses your information to help meet the health needs of the person described.

Print Doctor's Name: _____
Dr's Address: _____ Office Telephone: _____
_____ Date this Form was completed: _____

Camper's name: _____ Gender: M F Age: _____ Birthdate: _____

Session: _____ Height: _____ Weight: _____

This child is under the care of a physician for the following reason(s): _____

This child has allergies to: _____

Should exposure occur, how should the allergic reaction be treated? If this is an anaphylactic response, will the child bring an epinephrine device? _____

Describe the treatment(s) and/or medications to be continued at YMCA Camp Thunderbird for this child: _____

Describe significant physical/mental findings regarding the camper and describe any limitations which impact the camper's participation in our program: _____

The health center stocks a wide variety of the over-the-counter (OTC) medications. It is not necessary for you to send an OTC with your camper unless he/she takes it on a daily basis. **Please note on this form any medications the camper CANNOT have.**

We may have neglected to ask something you feel is needed to adequately address the health needs for this camper. If that is the case, please add your comments. Thank you for helping provide a successful YMCA Camp Thunderbird experience for this camper.

Additional Sheet Attached

Doctor's Signature: _____

Dear Health Care Provider:

YMCA Camp Thunderbird is a 100-acre residential/day camp located on the Lake Wylie in South Carolina. Campers are expected to be able to participate in a variety of land and water activities. Some of these activities include swimming, water skiing, baseball, football, cheerleading, and other such activities. Most of our facilities are not air conditioned and campers spend the majority of their day outside.

The campers are in a cabin with up to 16 other people and need to be able to function in a communal setting. If they are participating in the day program, they will be assigned to a group of approximately 8-10 children and will be participating outside in group activities for 10 hours during the day.

It is important when clearing this child for camp that this information is taken into consideration.

Return Address:

Place
Stamp
Here



YMCA Camp Thunderbird
Medical Recommendation Form
One Thunderbird Lane
Lake Wylie, SC 29710-8811