

# Registration, Health History, and Emergency Care Plan

## Union Grove Rec YMCA Day Camp Program

One form per child. A new form must be

### Camper Information

Child's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Gender M  F  Birth date \_\_\_/\_\_\_/\_\_\_  
 This will be my child's \_\_\_ year at camp Age (as of June 6, 2018) \_\_\_\_\_ Child resides with (please circle) Mother  Father  Both  Other \_\_\_\_\_  
 Swim Ability Beginner Intermediate Advanced (All children will still be swim tested)

### Parent/Guardian Information—Both parents must be listed or use N/A if not applicable.

#1 Parent/Guardian First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Gender M  F  Birth date \_\_\_/\_\_\_/\_\_\_  
 Address—Home (Street, City, State, Zip) \_\_\_\_\_  
 Where can we reach you while your child is at camp? Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Daytime Address \_\_\_\_\_

#2 Parent/Guardian First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Gender M  F  Birth date \_\_\_/\_\_\_/\_\_\_  
 Address—Home (Street, City, State, Zip) \_\_\_\_\_  
 Where can we reach you while your child is at camp? Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
 Daytime Address \_\_\_\_\_

### Emergency Contacts/Others Authorized to Pick Child Up—Must put one other person other than the parent or guardian.

\*Can add more on a separate sheet of paper.

#1 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Address - Home (Street, City, State, Zip) \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

#2 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Address - Home (Street, City, State, Zip) \_\_\_\_\_  
 Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### 12 Medical and Behavior Questions to help us provide the best care to your child. All information is confidential to Y Staff.

(ALL lines MUST be filled out. If something does not apply, please use

1. **Has your child had any of the following; if so, please explain:**

- Asthma  Autism  Diabetes
- ADD/ADHD  Epilepsy/Seizures  Cerebral Palsy/Motor Disorder
- Cognitively or Learning Disable  NONE (QUESTIONS 1-8)
- Dietary Restrictions \_\_\_\_\_
- Food/Milk Allergies \_\_\_\_\_

If child is allergic to milk, attach a statement from a medical professional indicating an acceptable alternative.

Gastrointestinal or feeding concerns, including special diet and supplement

- Non-Food Allergies \_\_\_\_\_
- Status of Vision, Hearing, and Speech \_\_\_\_\_
- Other conditions requiring special care \_\_\_\_\_

2. **Triggers that may cause any of the above problems (specify)** \_\_\_\_\_

3. **Signs or symptoms to watch for** \_\_\_\_\_

4. **Steps the provider should follow** \_\_\_\_\_

5. **Identify any staff to whom you gave specialized training/instructions** \_\_\_\_\_

6. **When to call parents regarding symptoms/failure to respond to treatment** \_\_\_\_\_

7. **When to consider that the condition requires emergency medical care/reassessment** \_\_\_\_\_

8. **Additional information that may be helpful for us** \_\_\_\_\_

9. **Emergency Numbers**

Physician Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address (city, state, zip) \_\_\_\_\_

10. **Is the child currently taking any medications?** Yes No

If yes, what kind and why \_\_\_\_\_

If medication needs to be administered during camp, a Medication Permission Form MUST be completed. Visit [ymcaracine.org](http://ymcaracine.org) for forms.

10. **List the MONTH, DAY, AND YEAR the child received each of the following immunizations. DO NOT USE a checkmark.** If you do not have an immunization record for this child, contact your doctor or local health department to obtain the records.

Has child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known. Yes, year \_\_\_\_\_

No /Unsure (Vaccine Required)

TYPE OF VACCINE	1st Dose	2nd Dose	3rd Dose	4th Dose	5th Dose
Diphtheria-Tetanus-Pertussis Specify DTP, DTaP, or DT					
Polio					
Hib (Haemophilus Influenza Type B)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox.					

My child does not meet all immunization requirements. These Requirements can only be waived if a properly signed  health, religious, or personal conviction waiver is filed with the day camp.  Visit [ymcaracine.org](http://ymcaracine.org) for forms.

11. **Sunscreen/Insect Repellent, if provided by a parent, must be labeled.**

**Sunscreen:**

I authorize the center to apply sunscreen to my child

I authorize the center to allow my child to self-apply sunscreen

My child may use any sunscreen provided by the Y if theirs runs out/is missing.  
OR

My child may ONLY use the sunscreen provided by the parent:

Brand Name \_\_\_\_\_ Strength \_\_\_\_\_

**Repellent:**

I authorize the center to apply repellent to my child

I authorize the center to allow my child to self-apply repellent

My child may use any repellent provided by the Y if theirs runs out/is missing.  
OR

My child may ONLY use the repellent provided by the parent:

Brand Name \_\_\_\_\_ Strength \_\_\_\_\_