

This Health History form is required for all Widjiwagan participants. **A new form must be completed each year of participation.** The information requested is intended to help us in the event of an emergency. This information will alert us to potential problems, special needs or accommodations that

might be required. By program policy, all of the information is confidential and made available only to administrative and medical staff and the group leader. **Please notify the Camp Widjiwagan Administrative Office should this information change prior to your arrival at camp.**

Please Return by **May 3** YMCA Customer Service Ctr, 2125 E Hennepin Ave, Suite 100 Minneapolis, MN 55413-2720, Fax: 612-465-0559

Session _____

Contact Information

Name _____ Birth date _____ Age at camp _____
Last First Middle

School _____ Grade Next Fall _____ Gender _____

Home address _____
Street Address City State Zip

SSN (optional) _____ Phone _____
*This information will be used only for the purpose of aiding the hospital or clinic in case of visit.

Parent/Guardian _____

Home address _____
(if different from above) Street Address City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian _____

Home address _____
(if different from above) Street Address City State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Relationship to Camper _____

Home Phone _____ Work Phone _____ Cell Phone _____

Insurance Information

Is the participant covered by family medical/hospital insurance? • Yes • No

If so, indicate carrier or plan name _____ Group # _____

• Photocopy of front and back of health insurance card must be attached to this form.

Health History

	Yes	No		Yes	No
1. Ever been hospitalized?			12. Had fainting or dizziness?		
2. Ever had surgery?			13. Passed out/had chest pain during exercise?		
3. Have recurrent/chronic illnesses?			14. Had racing of your heart or skipped beats?		
4. Had a recent infectious disease?			15. Had mononucleosis during the past 12 months?		
5. Had a recent injury?			16. Have problems with falling asleep/sleepwalking?		
6. Had asthma/wheezing/shortness of breath?			17. Have a history of bedwetting?		
7. Have diabetes?			18. Ever had back/joint problems?		
8. Had seizures?			19. Have problems with diarrhea/constipation?		
9. Had headaches?			20. Have any skin problems?		
10. Had high blood pressure?			21. Traveled outside the country in the past 9 months?		
11. Wear glasses, contacts, or protective eyewear?			22. If female, At what age was your first menstrual period?, What was the longest time between your periods last year?		

(Please explain "Yes" answers in the space below.)

Allergies

No known allergies.

This camper is allergic to: Food Medicine The environment (insect stings, iodine, etc.) Other

(Please describe below what the camper is allergic to and the reaction seen. For food allergies, please help us understand what the camper can and cannot eat so we can accommodate their needs.)

Dates _____

Medications

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. **Keep it in the original packaging/bottle** that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis.

This person takes medications as follows (**Please indicate the Medication, Dosage, Frequency and Reason.**):

Diet & Nutrition

- This camper has no dietary restrictions
- This camper the following dietary restrictions. (**Please describe below, include specific information to help accommodate these needs.**)

Mental, Emotional & Social Health

Has the camper: Yes No

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)
2. Ever had mental, emotional or social difficulties (anxiety, behavioral, depression, etc.)?
3. Ever had an eating disorder (anorexia, bulimia)?
4. During the past 12 months, seen a professional to address mental/emotional health concerns?
5. Had a significant life event that continues to affect the camper's life?

(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

(Please explain "Yes" answers in the space below. Help us with any strategies or accommodations which are successful and will make this experience more rewarding for your camper.)

What have we forgotten to ask?

We make every effort to provide campers with positive, enriching experiences. Please provide in the space below any additional information about the camper's health or personality that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

The following must be completed for attendance

To the YMCA of Greater St Paul, Camp Widjwagan and its camp staff ("YMCA"):

I verify that the attached health history is correct and complete. I grant permission for me/my child listed below to engage in all camp activities except as expressly noted in this form.

I acknowledge that there are risks inherent in any outdoor activity or camp, including but not limited to injury or death arising from: participation in risk (including hiking, canoeing, backpacking, cooking, swimming, and other activities); camper's failure to follow instructions of supervisors; communicable illness; and independent acts of third parties not under the control of supervisors. I acknowledge that all risks cannot be prevented, and on behalf of myself and my child, I hereby assume all risks. I agree to hold harmless the YMCA, its agents and employees for all claims alleging bodily injury or property damage occurring while the undersigned is a participant at a YMCA sponsored activity, camp on or off the YMCA property or premises.

If my child is bringing any prescription and non-prescription medications of any kind, I will list them on the Health History Form. I understand that if I send my child with any prescription or non-prescription medications to YMCA, my child must bring them in original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and the frequency of administration. I also understand that both prescription and nonprescription medications must be pro-

vided in its original container or they will not be administered. I hereby authorize the YMCA to administer first aid as well as to dispense medication brought to the YMCA.

I hereby give permission to the YMCA to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me and/or my child listed below, as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the YMCA to arrange related transportation. I hereby consent to the release of any of my and my child's medical records necessary for treatment, referral, billing, or insurance purposes. It is my intention that the YMCA be treated as acting *in loco parentis* if the person herein named is a minor.

In the event I cannot be reached in an emergency, I hereby give permission, on behalf of myself and my child, to the physician selected by the YMCA to secure and administer treatment, including hospitalization. I agree to pay for any charges for medical treatment that are not covered by health insurance. This completed form may be photocopied for trips out of YMCA and a photocopy shall have the same effect as the original.

I also give permission for my child to enter Canada with the YMCA. I also understand that my child will need to bring their passport to camp if the trip involves such travel to Canada.

Printed Name _____ Date _____

Signature of parent/guardian or adult camper/staffer _____