



YMCA OF
MONTCLAIR

We build strong kids,
strong families, strong communities.



TEEN TRAVEL CAMP - FORMS

2010 Camp Season

Greetings Parents and Caregivers!

We are **EXTREMELEY EXCITED** that you chose our Teen Travel Camp this summer! Our goal is to provide a fantastic camp experience. At camp, we strive to create opportunities for personal growth and new friendships while always keeping physical and emotional safety a priority. This summer, teens will participate in team building activities, meet career professionals for inspiration, volunteer at local venues and “most” importantly...enjoy great field trips!!!

Our staff is comprised of young (and not so young) adults that are committed to the safety of our campers and the utmost fun anyone can possibly have in a 9 week period. All of the staff will go through an intense training starting in March leading up to camp opening. Our trainings include: Positive communication, CPR & First Aid, Handling Peer Pressure and much more.

Along with the handbook, several important forms are included in this packet. The forms are:

- Health Form (Please fill out completely including immunizations)
- Camper Code of Conduct (Signed by Teen and Parent)
- Permission to Administer Medicine Form (Write N/A over the form if not applicable)
- Walk Home Form (Optional)
- E-Pay Authorization Form (Optional)
- Additions/ Withdraw and Change of Status Form (Use if needed)

*Please note that these forms must be returned to the
YMCA (Attention: Erik Montgomery) BEFORE your child can start camp.

Reminder: All camp balances are due 10 days prior to the start of each session. Please send your balance due as soon as possible to: Montclair YMCA, 25 Park Street, Montclair, NJ 07042. Please note: An unpaid balance may result in the loss of your spot at camp.

On the following pages you will find important information about Teen Travel Camp. Please read it thoroughly. Feel free to call or email our office if you have any questions or concerns about your child's session at camp.

Thank you for your attention to these important details. We look forward to seeing you and your camper this summer!

Sincerely,

Erik J. Montgomery
Teen Camp Senior Director
emontgomery@montclairymca.org
(973) 415 - 6119

Adrienne Felder
Teen Camp Program Director
a.felder@montclairymca.org
(973) 415 - 6140

TEEN TRAVEL CAMP – FORMS

**THESE FORMS MUST BE
COMPLETED AND RETURNED
TO THE MONTCLAIR YMCA,
25 PARK STREET, MONTCLAIR
(Attention: Erik Montgomery)
BEFORE THE START
OF YOUR CHILD'S
1ST CAMP SESSION.**

**FOR SAFETY REASONS,
A CAMPER CANNOT BE PERMITTED AT CAMP
UNLESS WE HAVE THESE FORMS ON FILE.**

THANK YOU!

MANDATORY FORMS TO BE COMPLETED

HEALTH FORM

The Health Form is required by NJ State Law and does not require visiting a doctor. Immunization information must be filled out in full; children will not be allowed until all appropriate information is provided. Waivers for persons requesting exemptions from medical examinations or medical treatment must be requested. **Please be sure to inform the camp directors with any changes in emergency or health information #'s that occur over the summer.**

MEDICATION AUTHORIZATION

If your child requires medication during the camp day, complete the enclosed form and have it signed by your physician. Medications must be sent in original prescription containers. No plastic baggies or other containers! Parent(s) will be contacted prior to the medication being administered when possible.

CODE OF CONDUCT

This form lists the rules and disciplinary actions that all Teen Campers must adhere to. This form must be read and signed by the parent and camper.

OPTIONAL FORM TO BE COMPLETED DEPENDING ON CAMPER'S NEEDS

WALK HOME PERMISSION SLIP

Please complete this form if you want your camper to walk home after the camp day has ended.

E-PAY AUTHORIZATION FORM

You can fill out this form if you desire to have your camp payments automatically deducted from your checking account or credit card.

ADDITION / WITHDRAW AND CHANGE of STATUS FORM

You can use this form if you need to add, withdraw or change your child's camp session(s).
Note: This form must first be approved by the Camp Director before any changes are approved and applied.

PLEASE PRINT & WRITE LEGIBLY ON ALL FORMS AND INCLUDE ALL INFORMATION.
EXTRA FORMS ARE AVAILABLE AT THE MONTCLAIR YMCA FRONT DESK
OR ON OUR WEBSITE – www.montclairymca.org.

TEEN TRAVEL CAMP - CODE OF CONDUCT

Character Development is at the forefront of our mission as Camp Directors. It is in our best interest as a society to focus more on developing quality human beings. The YMCA is built around four extremely important character values that fit as a perfect blueprint for our program. Living by these four basic values will guarantee an experience in our Teen Camp that will last a lifetime.

Respect - Teens are positive about abilities; takes mistakes and failure in stride; are self motivated; are not easily discouraged. Teens encourage their peers; don't argue with counselors; don't make negative statements about peers, counselors, or other campers.

Responsibility - Teens attend all scheduled activities, follow directions from counselors and other camp staff; show good focus; maintain self control. Teens work well in groups; take responsibility for their own actions and don't allow what their peers do to influence their judgment.

Honesty - Teens are to follow the guidelines that they create at the beginning of the camp session under the guidance of staff. Teens should not push rules to the limit and make excuses for breaking them. Teens admit when they are working hard or not; acknowledge when they make a mistake.

Caring - Teens assist or take turns and share with little or no prompting; don't blame others for a loss in a game or activity; don't gloat in victory. Teens are able to confront peers and counselors when they get hurt or fail at a task. Show concern for others without the need for reward or reinforcement.

1. The YMCA is committed to providing a safe and welcoming environment for all members and guests. To promote safety and comfort for all, we ask individuals to act appropriately at all times when they are in our facility or participating in our programs. Teens must remember that they represent the YMCA at all times.
2. We expect teens to behave in a mature and responsible way, and to respect the rights and dignity of others. Our Code of Conduct does not permit language or any action that can hurt or frighten another person, or that falls below a generally accepted standard of conduct.
3. Prohibited actions specifically include:
 - Inappropriate attire. Appropriate attire must be worn at all times.
 - Angry or vulgar language includes swearing, name-calling or shouting.
 - Physical contact with another person in any angry or threatening way.
 - Any demonstration of sexual activity or sexual contact with another person.
 - Harassment or intimidation by words, gestures, body language or any menacing behavior.
 - Theft or behavior that results in the destruction of property.
 - Any other conduct of any inappropriate, threatening or offensive nature.
4. Teens are encouraged to be responsible for their personal comfort and safety, and to ask any person whose behavior threatens their comfort to refrain. If a teen feels uncomfortable in positively confronting the person directly, they should report the behavior to a counselor or Camp Director.

TEEN TRAVEL CAMP - CODE OF CONDUCT – Pg. 2

DISCIPLINE POLICY

In the event that we are experiencing disciplinary or behavioral difficulties with your child, the following discipline policy will be put into effect. The camp staff will begin with step 1 and then proceed through the process depending on the success or failure at each step.

1. Camp counselor removes child from activity, off to the side. A discussion with the child will take place regarding the necessary adjustment needed to improve behavior. The YMCA character values of Caring, Honesty, Respect & Responsibility will be reinforced.
2. The child is removed from the activity to meet with their Counselor and Camp Director to set behavior goal(s).
3. The child is removed from activity and will complete a “behavior agreement” with counselor and Camp Director. Parent will be notified of behavior and a copy of signed agreement will be given to the parent.
4. If the behavioral problems continue beyond these four steps, the Camp Director will make an evaluation regarding whether or not the environment at the Traveling Teen Camp is appropriate to address the specific behavioral concerns the child has exhibited. A discussion with the parent will follow. The following decisions will be made.
 - A) The child will miss at least one day of camp (suspension) and no refund will be given for the day(s) missed.
 - B) If it is determined that the Teen Camp is not the right fit for the child, then the parent/ guardian will be asked to withdraw the child from the YMCA’s day camp program.
5. There may also be an extraordinary incident that causes an immediate expulsion from the program without going through the steps.

It is important to realize that a competent camp staff will make every effort to manage all discipline problems effectively.

However, if a campers’ behavior is dangerous or negatively affects the other teens in camp, the decision will be made to remove the child from the camp setting.

Please Note: Camp Directors will investigate all reported incidents. Suspension or expulsion may result from a determination by the Camp Director and Vice President of Operations if in their discretion a violation of the YMCA Member Code of Conduct has occurred.

I have read and agree to adhere to the Code of Conduct & Discipline Policies:

Teen Camper Signature

Date

Parent/Guardian Signature

Date

MONTCLAIR YMCA TEEN TRAVELCAMP
NON-PRESCRIPTION MEDICATION AUTHORIZATION

I _____, hereby give permission for the Montclair YMCA Day Camp to administer the following over-the-counter medications if the Camp's Health Care Provider deems it necessary. Dosages will be administered according to directions on the original container, unless a physician directs otherwise.

Bee Sting Benadryl
Headache Tylenol
Upset Stomach Pepto Bismol
Diarrhea Immodium AD
Menstrual cramps Ibuprophen
Poison Ivy Calamine lotion or Cortaid
Cough/cold Decongestant/cough drops
Sun Burn Aloe
Sun Burn Prevention Sun Block

Other

Other

Child's Name

Parent/Guardian Signature

Date

MONTCLAIR YMCA DAY CAMP
PRESCRIPTION-MEDICATION AUTHORIZATION AND INSTRUCTION
*(*Must be signed by the camper's physician)*

All Medications must be supplied in the original prescription bottle labeled with child's name, date, medication and dosage. Please give all medication to the Director. Do not pack any medication in child's backpack.

Parent/Guardian Permission:

Date: _____

Camper's Name: _____ Age: _____ Sessions: _____

Address: _____

Phone #'s: (_____) _____ (_____) _____

Name of Medication: _____

I hereby grant permission for the Montclair YMCA Day Camp to supervise the prescription medication routine below prescribed for the above named child.

Amount of Medication: _____

Administration Times: _____

Signature of Parent/Guardian

Physician Signature

(Optional Form)
WALK HOME PERMISSION SLIP

I _____ give permission for
(Parent's/ Guardian's Name)

_____ to walk home at the end of the camp day.
(Camper's Name)

Campers Name: _____

Birthdate: _____

Age: _____

Parent/Guardian Signature

Date

**THE MONTCLAIR YMCA IS NOT RESPONSIBLE FOR YOUR CHILD ONCE
HE/ SHE LEAVE THE CAMP LOCATION.**

**MONTCLAIR YMCA SUMMER DAY CAMPS
ADDITIONS/WITHDRAWALS & CHANGE OF STATUS FORM**

Participant(s) Name _____

Parent/Guardian Name _____

**Please circle Day Camp that child attends:
*New Discoveries / *Teen Travel Camp / *West Milford**

ADD WEEK(S) # _____ CANCEL WEEK(S) # _____

CHANGE FROM WEEK(S) # _____ CHANGE TO WEEK(S) # _____

(WM ONLY) - CAMPER'S VILLAGE _____ BUS STOP _____

SESSION(S) PAYING FOR _____

OTHER CHANGES _____

CREDIT/REFUND/PAYMENT INFORMATION

Please fax to 973-744-1917
Or return to: Montclair YMCA
25 Park Street
Montclair, NJ 07042

Staff Only:

STAFF NAME _____ DATE _____

COMMENTS:

MONTCLAIR YMCA SUMMER CAMPS

(New Discoveries/Teen Travel/West Milford)

E-PAY INFORMATION

We are happy to offer the option of paying for the above listed camps through a weekly E-Pay plan. By utilizing this system, payments will be automatically deducted from your credit card on a weekly basis.

HOW DOES THE SYSTEM WORK?

1. You must leave a deposit for each week you are registering for and authorize the YMCA to charge your account weekly for each session.
2. One week before the start of each camp session, the YMCA will charge your account for the outstanding balance.

WHAT WILL WE NEED FROM YOU?

1. A "Pre-Authorized Weekly E-Pay Agreement Form" (Summer Camp).
2. Credit Card number and expiration date from Visa, Master Card or American Express.
3. A deposit for each week your child is registered for.

GENERAL INFORMATION:

1. If a payment is not honored from your credit card company for any reason, the Montclair YMCA imposes a \$20.00 Service Charge, in addition to any fees that your bank may charge. The E-Pay will be stopped for future payments and any outstanding camp balances must be cleared up before we can set up the account for automatic payments again.
2. If fees are continually unavailable from your account and payment falls behind, participants will not be allowed to continue attending the camp session(s).
3. If you need to switch sessions or withdraw entirely from a session, we must be notified by the Wednesday before Monday's draft.

You may take advantage of this payment plan at any time during the Summer Camp season. Please note that drafting will take place on the second Monday after receipt of the authorization form.

If you are interested in this service, please fill out the enclosed form. If you have any questions, please call (973) 415-6103.

MONTCLAIR YMCA
25 Park Street
Montclair, New Jersey 07042
(973) 744-3400

PRE-AUTHORIZED WEEKLY E-PAY PLAN
SUMMER CAMP

E-Pay is a weekly payment plan that authorizes payments to be deducted directly from your credit card. I understand that my account will be charged weekly for the following week's session.

Please fill in: (Please print)

Child(ren)'s Name(s): _____
Camp Attending: <input type="checkbox"/> New Discoveries <input type="checkbox"/> Teen Travel <input type="checkbox"/> West Milford (Please Check One)
Parent/Guardian Responsible for Payment: _____

Please fill out the following Credit Card Information:

Credit Card Information:																					
Account Number:	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>																				
Expiration Date:	_____/_____/_____ <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express																				

E-Pay Draft Dates are as follows:

Session	Session Begin Date	Draft Date
1	June 28 th	Monday, June 21 st
2	July 5 th	Monday, June 28 th
3	July 12 th	Monday, July 5 th
4	July 19 th	Monday, July 12 th
5	July 26 th	Monday, July 19 th
6	August 2 nd	Monday, July 26 th
7	August 9 th	Monday, August 2 nd
8	August 16 th	Monday, August 9 th
9	August 23 rd	Monday, August 16 th
10	August 30 th (West Milford Only)	Monday, August 23 rd

To Be Completed by YMCA Staff:

Deposit Received: \$ _____ for _____ Sessions. <div style="display: flex; justify-content: space-around; font-size: small;"> (Total Received) (# of Sessions) </div>	Weekly Charge: \$ _____ <div style="text-align: right; font-size: small;">(Per Session)</div>
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I understand that the above camp fees will be paid from the account listed above on a weekly basis. Should any draft not be honored by my credit card for any reason, I realize that I am still responsible for that payment plus a \$20 Service Charge applied by the YMCA. This is in addition to any service fee my credit card company may charge. Any additional charges, such as late pick-ups (New Discoveries and West Milford) will also be drafted.

Signature: _____ Date: _____

Name: (Please print:) _____

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Mail this form to the address below by _____ (date)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. *(Please describe below.)*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

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. 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 with the program's staff about my child's health status.

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

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

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
4. Had a significant life event that continues to affect the camper's life?..... Yes No
(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, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____

Name of dentist(s): _____ Phone: (_____) _____

Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

**CAMPER HEALTH-CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2**

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by _____ (date)

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimate)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (*list*):

To medications: (*list*):

To the environment (*insect stings, hay fever, etc.—list*):

Other allergies: (*list*):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (*describe below*)

The camper is undergoing treatment at this time for the following conditions: (*describe below*) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (*name, dose, frequency—describe below*)

Other treatments/therapies to be continued at camp: (*describe below*) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (*describe below—attach additional information if needed*)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____