

## Camp I Can

# Newport County YMCA Camper's Health History

Child's Name (print): \_\_\_\_\_

Grade entering in September \_\_\_\_\_

Does your child require any special accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain in detail: \_\_\_\_\_

Does your child display any behaviors that we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Has your child had any behavior issues in the past with the Newport County YMCA camps? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does your child have any health problems? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Please explain any recent surgeries or medical procedures: \_\_\_\_\_

Does your child have an aide during the school year? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, will he/she have one during the summer? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Does your child take any medication? Yes \_\_\_\_\_ No \_\_\_\_\_ (see over)  
If yes, will it be dispensed while your child is at camp? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please fill out separate form with camp counselor.

### Parent's Authorization:

***This health history is correct to the best of my knowledge and my child has permission to engage in all planned activities, except as noted. I understand that the Newport County YMCA has authority to dismiss any child from camp due to inappropriate conduct. If a camper puts staff or another participant in harms way, that camper will be dismissed for the balance of the summer.***

Parent/Guardian's name (print) \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent contact phone \_\_\_\_\_

See over->

# Camp I Can

List medications:	Dispensed at camp	
	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No

Last seizure date: \_\_\_\_\_

Type of seizure: \_\_\_\_\_

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Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

***Physician will be contacted for approval of participation.***

Additional information:

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