

# YMCA CAMP LOMA MAR

## 2010 HEALTH HISTORY FORM



You may also register online at [www.camplomamar.org](http://www.camplomamar.org). Return forms to YMCA Camp Loma Mar by mail or fax.  
 YMCA Camp Loma Mar, 9900 Pescadero Creek Road, Loma Mar, CA 94021-Telephone: 650-879-0223 Fax: 650-879-2101  
**Please complete one registration form for each child.**

My Child will be attending: Program \_\_\_\_\_ Date(s) \_\_\_\_\_ # of Week(s) \_\_\_\_\_ Tier \_\_\_\_\_

Camper's Full Name \_\_\_\_\_  M  F Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Ethnicity \_\_\_\_\_ Grade \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Cabin Mate Request \_\_\_\_\_ Dietary Considerations/Allergies \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Hm. Phone \_\_\_\_\_

Parent/Guardian Name 1 \_\_\_\_\_ Parent/Guardian Name 2 \_\_\_\_\_

Birth Date \_\_\_\_\_ Email \_\_\_\_\_ Birth Date \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Parent/Guardian work phone \_\_\_\_\_ Parent/Guardian work phone \_\_\_\_\_

Pager/cell phone \_\_\_\_\_ Pager/cell phone \_\_\_\_\_

### EMERGENCY INFORMATION

Authorized persons to be called in case of an emergency, when parents cannot be reached:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

### INFORMATION REQUIRED BY STATE LAW

Health Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Family Physician \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Dentist \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Tetanus Immunization Date: \_\_\_\_\_

### HEALTH RECORD

(check applicable conditions or allergies)

- Ear Infections  Seizures  Heart Problems  Diabetes  
 Insect Stings  Poison Oak  Hay Fever  Penicillin

Behavioral Problems: \_\_\_\_\_

Other: \_\_\_\_\_

Operations, serious injuries, diseases, restrictions on physical activity: \_\_\_\_\_

### CHILD RELEASE AUTHORIZATION

Persons AUTHORIZED to pick up child from the YMCA:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

Persons NOT AUTHORIZED to pick up child from the YMCA:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

Child in custody of (check one):  both parents  mother  father

other: \_\_\_\_\_

Child lives with (check one):  both parents  mother  father

other: \_\_\_\_\_

### How did you hear about this YMCA program?

Friend  School  YMCA Member  Previous Participant

Mailed brochure  TV/Radio  Newspaper

Other (please specify): \_\_\_\_\_

Internet Site (please specify) \_\_\_\_\_

Over-the-counter medications such as Tylenol, Ibuprofen, or other \_\_\_\_\_ may be dispensed to my child by an authorized person at Camp Loma Mar.

### IF YOUR CHILD REQUIRES PRESCRIPTION MEDICATION, THEN A PHYSICIAN MUST FILL OUT THE 'MEDICATION RELEASE FORM.'

My child will bring prescription medication to camp.

**Medication Release form due two (2) weeks prior to start date of camp. Please fax/mail in.**

### PARENT/GUARDIAN AUTHORIZATION

This health history is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by the YMCA to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. Recognizing that the YMCA will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release the YMCA from all responsibility and liability of any nature, including claims from injury, illness, death, loss or damage, resulting from my child's participation in program activities. Photos of my child may be used for promotional purposes. This form may be photocopied for use away from the main program site. I authorize the YMCA staff to apply sunscreen to my child's exposed skin, on an as-needed basis.

**Parent/Guardian Signature REQUIRED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# YMCA Camp Loma Mar



## POLICIES AND CONDITIONS OF ENROLLMENT

YMCA Camp Loma Mar emphasizes *care, honesty, responsibility* and *respect* in the camp experience. To achieve this, the following are some of our conditions and policies. We ask parents and campers to indicate their understanding by signing this form where indicated below.

1. The camper, his/her parents and relatives agree to abide by the rules and regulations set by Camp for the health, safety and welfare of all the campers.
2. Campers are expected to use appropriate language, are not allowed to smoke or chew tobacco, or possess any smoking materials, and may not use or possess alcoholic beverages or illegal drugs. Weapons and fireworks are also prohibited. Possession of any of these items will result in disciplinary action.
3. All medications, drugs, aspirin, cough syrup, etc. must be kept in the Camp Health House under the control of the Camp Health Supervisor.
4. The phone is off-limits to campers while we are in session (except in case of emergency). Please utilize the mail, fax, or email options. In case of family emergency, please call the Camp Office at 650-879-0223. Campers may not receive visitors except with the permission of the Camp Director and the camper's parents.
5. Radios, digital cameras, walkmans, MP3 players, video games, cell phones or camera phones etc. are not permitted at Camp.
6. Campers are encouraged to develop friendships with members of the opposite sex; however, exclusive relationships or sexual behavior is strictly prohibited at Camp.
7. Campers are to remain in their cabins after "lights out."
8. All personal belongings are to remain unlocked at camp. The Camp Directors reserve the right to look through any camper's belongings for inappropriate items if deemed necessary.
9. **During the camp session(s), if both parents, or guardian leave their place of residence for an extended period of time, the Camp Program Office (650) 879-0223 must be advised as to where they can be reached in case of an emergency.**
10. Camp is not responsible for articles of clothing or personal belongings lost or damaged by fire, theft, laundry, etc.
11. Racial and sexual harassment, or any other form of harassment, is not permitted while at Camp.
12. Violence is not permitted and will not be tolerated.
13. All rules and policies are strictly enforced. Any criminal act(s) or failure to abide by Camp rules may result in immediate dismissal from camp with no refund.
14. **Parent/Guardian acknowledges by signature below that he or she is responsible to provide transportation home if the camper is unable to complete a session due to homesickness, illness or inappropriate behavior. If transportation must be provided, parent/guardian or sponsoring organization will be responsible for the cost of transportation.**

**Acknowledged by:**

\_\_\_\_\_  
Camper's Name

\_\_\_\_\_  
Camper's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

# YMCA CAMP LOMA MAR Medication Release Form



**Section 1: Physician's Instructions for Acute or Chronic Problem**

If your child is under doctor's care for an acute or chronic problem, your physician needs to know that the child will be away from home for several days. Please have physician give instructions in this space for care of child.

**Section 2: Prescription Medication (The medication must be in its prescription container)**

**Print Name of Child**     M    F                      **Birth Date**                      **Name of Program**                      **Dates**

My child (named above) will be assisted by an authorized person in taking prescribed medication (described below) at YMCA Camp Loma Mar, in compliance with the program's policies and procedures.

**Signature of custodial parent or guardian**                      **Date signed**                      **Home Telephone**

## List of Medications

Description of prescribed medications shall be completed by child's physician

	Name of Medication 1.	Name of Medication 2.	Name of Medication 3.
<b>Purpose of Medication</b>			
<b>Dosage Prescribed</b>			
<b>Time Schedule</b>			
<b>Dose Form (liquid, tablet..)</b>			
<b>Date of Prescription</b>			
<b>Length of Time Medication is Necessary</b>			

**Precautions, special instructions, possible adverse effects, or comments:**

## To be completed by Physician

<b>Print Name of Physician:</b>	<b>The above named child, for whom the above medication is prescribed, is under my care.</b>
<b>Telephone Number:</b>	<b>Signature of Physician:</b>

**This form must be filled out, signed by the camper's Physician and faxed or mailed in two (2) weeks prior to camp start date. Registration is not complete until this form is received by the office.**