



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CAMPER INFORMATION FORM

PHYSICIAN/MEDICAL FACILITY INFORMATION

Physicians Name: Medical Facility:
Address of Facility: City: State: Zip
Phone:

Has your child had any of the following?
Asthma Autism Diabetes ADD/ADHD Epilepsy/Seizure
Cerebral Palsy/Motor Disorder Cognitively Disabled Behavioral Needs NONE

Triggers that may cause problems
Signs or symptoms to watch for
Steps the childcare provider should follow

When to consider that the condition requires emergency medical care or re-assessment

Any other special accomodations your child needs to participate in this program

Dietary Restrictions Food/Milk Allergies Gastrointestinal or feeding concerns, including special diet and supplement
Non-Food Allergies Vision, Hearing, Speech Impairments Other special care requirements

Please explain:
Status of Allergens: Severe Mild Ingested Tactile

IMMUNIZATION HISTORY (5&6 year olds ONLY)

Please provide updated child immunization records. Contact your doctor or local health department to obtain the records.
Records MUST be provided prior to attending. Immunization waivers may be downloaded at www.ymcajanesville.org.

Immunizations attached are current and accurate to the best of my knowledge
My child does not meet all immunization requirements; I have signed the health, religious or personal conviction waiver.

Is your child currently taking any medications? No Yes:
If medication needs to be administered, a Medication Permission form may be downloaded at www.ymcajanesville.org.

SUNSCREEN/INSECT REPELLENT CONSENT

Please mark all appropriate boxes. If parent/guardian is providing sunscreen/insect repellent, each bottle must be labeled. Sunscreen and insect repellent cannot be shared between families or between multiple children, both must be provided every day of attendance.

SUNSCREEN

My child may use sunscreen provided by the Y.
I will only allow my child to use sunscreen provided by the Parent/Guardian. If a child does not have sunscreen on premise parents will be called immediately, children may not be at camp without sunscreen.
Brand Name: Strength: I authorize the center to apply sunscreen.
I authorize the center to allow my child to apply and carry sunscreen.
I do not authorize my child to wear sunscreen, and will provide an alternative method.

REPELLENT

My child may use repellent provided by the Y. I will only allow my child to use the repellent provided by the Parent/Guardian.
Brand Name: Strength:
I authorize the center to apply insect repellent. I authorize the center to allow my child to apply and carry insect repellent.
I do not authorize my child to wear repellent.

EMERGENCY CARE AND FIELD TRIP CONSENT

1. I give my consent for the YMCA of Northern Rock County to act on my behalf to obtain emergency care and treatment if deemed necessary for my child.
2. I give permission for my child to attend field trips as scheduled by the Y with transportation provided through a local bus company. I grant permission for the applicant to participate in all planned adventure-based activities including off-site trips by walking or bus.

Name of parent of guardian (please print)

Signature of parent or guardian

Date