



**Health History and Examination Form  
for Children, Youth and Adults  
Attending Camps**

Form FM 08

Developed by  
American Camping Association, Inc. in consultation with  
American Academy of Pediatrics

Mail to the address below by \_\_\_\_\_ (Date)

**Camp Emanuel  
P.O. Box 752343  
Dayton, Ohio 45475**

(This side to be filled in by parents/guardian of minors or by adult campers/staff members themselves.)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Last First Initial

Parent or Guardian (or Spouse) \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street & Number City State Zip Area/Number

Business \_\_\_\_\_ Phone \_\_\_\_\_  
Street & Number City State Zip Area/Number

Second Parent or Guardian or Emergency Contact \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street & Number City State Zip Area/Number

Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street & Number City State Zip Area/Number

If not available in an emergency, notify:

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street & Number City State Zip Area/Number

**Health History:**  
(Check. Give approximate dates.)

\_\_\_\_\_ Frequent Ear Infections  
\_\_\_\_\_ Heart Defect/Disease  
\_\_\_\_\_ Convulsions  
\_\_\_\_\_ Diabetes  
\_\_\_\_\_ Bleeding/Clotting Disorders  
\_\_\_\_\_ Hypertension  
\_\_\_\_\_ Mononucleosis  
\_\_\_\_\_ Psychiatric Treatment

**Diseases**

\_\_\_\_\_ Chicken Pox  
\_\_\_\_\_ Measles  
\_\_\_\_\_ German Measles  
\_\_\_\_\_ Mumps

**Allergies (Dates Not Needed)**

\_\_\_\_\_ Hay Fever  
\_\_\_\_\_ Ivy Poisoning, etc.  
\_\_\_\_\_ Insect Stings  
\_\_\_\_\_ Penicillin  
\_\_\_\_\_ Other Drugs  
\_\_\_\_\_ Asthma  
\_\_\_\_\_ Other (Specify)  
\_\_\_\_\_  
\_\_\_\_\_

Has this camper ever required any psychiatric counseling or hospitalization? \_\_\_\_\_

Explain \_\_\_\_\_

Operations or serious injuries (dates) \_\_\_\_\_

Disability or chronic or recurring illness \_\_\_\_\_

Activities encouraged or limited by physician \_\_\_\_\_

Dietary modifications \_\_\_\_\_

Current medications (send with instructions) \_\_\_\_\_

Other diseases or details of above \_\_\_\_\_

Name of dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Do you carry family medical/hospital insurance?  Yes  No

If so, indicate: Carrier \_\_\_\_\_ Policy or Group # \_\_\_\_\_

Suggestions on health related information for camp personnel \_\_\_\_\_

**For Female**

Has this person menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_

If so, is her menstrual history normal? \_\_\_\_\_ Special Consideration \_\_\_\_\_

**Important — This Box Must be Completed for Attendance\***

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment, and necessary transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of minor \_\_\_\_\_

\*If for religious reasons you cannot sign this, then the camp should be contacted for a legal waiver which must be signed for attendance.



Camper's Name

Date Examined

Camp or Unit

# Immunization History

Required immunizations must be determined locally. Please record the date (month and year) of basic immunizations and most recent booster doses.

Vaccines	Year of Basic Immunization	Year of Last Booster
Diphtheria Pertussis (Whooping Cough) Tetanus } DPT*	1 2 3	1 2
Tetanus Diphtheria } TD*		
Tetanus		
Oral Polio (Sabin)* TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubella)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given _____ (most recent)		
Haemophilus influenza b (HIB)		

## Health Care Recommendations by Licensed Physician

I have examined the above camp applicant within the past two years. Date Examined \_\_\_\_\_

does

In my opinion, the above's condition  does not preclude his/her participation in an active camp program.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

The applicant is under the care of a physician for the following condition(s):

\_\_\_\_\_

Current treatment (include current medications) \_\_\_\_\_

Explanation of any reported loss of consciousness, convulsion, or concussion \_\_\_\_\_

Does applicant have epilepsy?  Yes  No

Does applicant have diabetes?  Yes  No

### Recommendations and Restrictions While at Camp

Any treatment to be continued at camp \_\_\_\_\_

Any medication to be administered at camp (specific dosages) \_\_\_\_\_

Any medically prescribed meal plan or dietary restrictions \_\_\_\_\_

Any allergies (food, drugs, plants, insects, etc.) \_\_\_\_\_

Additional Health Information \_\_\_\_\_

Licensed Physician's Signature _____			
Address _____		Phone _____	
Street & Number	City	State	Zip Code
Date of Form Completion _____		*By _____	
*Initial if completed by nurse or physician's assistant.			

**Permission to Treat Camp Emanuel Form**

**Camper's Name:** \_\_\_\_\_

**Important: This Box Must Be Completed for Attendance**

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_

Give Camp Emanuel and YMCA permission to :

1. Dispense \_\_\_\_\_ Ibuprofen or, \_\_\_\_\_ Acetaminophen (Tylenol) to camper (check preference).
2. Dispense medication(s) brought to Camp by parent/guardian or prescribed by a physician while in attendance.
3. Use photographs, slides or videotapes of the person named above for its records or public relations program.
4. Agree to hold harmless Camp Emanuel and YMCA, its agents, and employees for all claims alleging bodily injury or property damage occurring while the undersigned is a participant at a Camp Emanuel and/or YMCA sponsored activity on or off the YMCA premises.
5. Give permission for Camp Emanuel and/or YMCA to transport the camper as needed.
6. Give permission, if necessary, to search a camper's belongings when the health, well-being or safety of the camper or others require it. The camper and a second adult will always be present.

**Permission to Provide Necessary Treatment or Emergency Care:** I hereby give permission to the medical personnel selected by the camp director to provide routine health care: to administer medications; to order x-rays; routine tests; treatment; to release any records necessary for insurance purposes; to provide or arrange necessary related transportation for my child/or me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This health history is correct and complete as far as I know and the person herein described has permission to engage in all camp activities except noted.

**Signature of parent/guardian or adult camper** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(must be signed in ink, in the presence of notary) \*\*\*\*\*

Witness \_\_\_\_\_

Sworn before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ - \_\_\_\_\_  
Notary Public Signature

My commission expires \_\_\_\_\_

I also understand and agree to abide with the restrictions placed on my activities.

Signature of minor or adult camper/staff: \_\_\_\_\_

If for religious reasons you cannot sign this, please contact the Camp Executive Director, Ronni Stokes at 937-270-5635.

\*\*\*\*\* Notarization of this form is **not required**. Without notarization, in the event of accident or illness and the parent/guardian cannot be reached by telephone, the child cannot be treated. If you choose not to notarize, the form must be signed in ink. Your child will be treated in the event of life-threatening conditions. With the notarization, the Hospital can give immediate treatment without your telephone consent. All reasonable means to contact the parents/guardians will be made.

DATE: \_\_\_\_\_

CABIN: \_\_\_\_\_

SWIM BUDDY: \_\_\_\_\_

\*\*\*\*\*  
\*\*\*\*\*

### CAMP EMANUEL'S SWIMMING INFORMATION CARD

CAMPER: \_\_\_\_\_

AGE: \_\_\_\_\_

Please place an (X) by those areas which apply to your child's swimming experience. This form **must** be completed on all campers who will be swimming. Swimming will take place in a swimming pool.

\_\_\_ **My child has a fear of the water**

\_\_\_ **My child does not want to swim**

#### WATER ACCLIMATION

- \_\_\_ Will put face in the water
- \_\_\_ Will get in with float devices/life jacket
- \_\_\_ Will only stand in shallow end of the pool
- \_\_\_ Needs to wear nose plug or ear plugs

#### LESSONS

- \_\_\_ Has had swimming lessons
- \_\_\_ Red Cross, YMCA/YWCA swimming program lessons
- \_\_\_ Name of last level passed \_\_\_\_\_
- \_\_\_ Swims a little with help
- \_\_\_ Swims the width or length of the pool
- \_\_\_ Swims under water
- \_\_\_ Knows at least 3 different strokes
- \_\_\_ Can tread water
- \_\_\_ Floats on back
- \_\_\_ Dives from a board

#### CANOEING EXPERIENCE

- \_\_\_ Has been in a canoe
- \_\_\_ Has paddled a canoe

**YMCA CAMP KERN**  
**ACKNOWLEDGMENT OF RISKS**  
**ASSUMPTION OF RISK AND RESPONSIBILITY & RELEASE OF LIABILITY+**  
**PLEASE READ CAREFULLY**

Although precautions are taken to provide organization for your participation in our program, there can be no guarantee about absolute safety against injury and unforeseeable accident. There are elements of risk in any adventure, sport or program involving physical exertion and risk taking, or associated with the outdoors (referred to herein as "activity"), and the use of any equipment for the activity. I understand that I may be involved in activities including, but not limited to problem-solving, team building initiatives, rope course, and/or physical activities. I acknowledge that I may decline to participate in any activity. Any participation will be voluntary.

**ACKNOWLEDGMENT OF RISKS:** I recognize the fact there is an inherent danger in any activity which involves physical exertion or risk taking that natural hazards do exist; that although the program may strenuous, injuries or medical complications may occur, that certain foreseeable and unforeseeable events unique to each individual activity can contribute to the unpredictability of the activity; that balance and physical coordination: may affect the occurrence of accidents or falls, and that I should ask about other potential hazards and recommend precautions and procedures.

**EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:** In recognition of the inherent risks of the activity which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participation in the activity and/or using equipment. I/we participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illnesses, including death. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.

I assume the risk(s) of personal injury, accidents, and/or illness, including but not limited to, sprains, torn muscles, and/or ligament fractured or broken bones; eye damage; cuts, wounds scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck and/or spinal injuries; animal or insect bite or attack; injury caused by discharge or any weapon; shock, paralysis and/or death; and acknowledge that during the activity, if I/we experience fatigue, chill and/or dizziness, it may diminish my/our reaction time and increase the risk of an accident.

**COVENANT OF GOOD FAITH:** I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate any activity due to forces of nature, medical necessities to other problems; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with respect to achieving objectives.

**AUTHORIZATION:** I hereby authorize any medical treatment deemed necessary in the event of any injury while participation in the activity. I will have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf.

**RELEASE:** In consideration of services or property provided, I for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns do hereby release "YMCA CAMP KERN" its principals, directors, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property and activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

Group Name: **Camp Emanuel**

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

If participant is under 18, a parent/guardian's signature is required.

Parent/Guardian: \_\_\_\_\_

**MEDICAL RESTRICTIONS:**

\_\_\_\_\_  
\_\_\_\_\_