



YMCA Camp Kon-O-Kwee Spencer

126 Nagel Road, Fombell, PA 16123
724/758-6238 724/758-2705 (fax)

CAMPER INFORMATION / MEDICAL SHEET *(Please return this completed form to the Camp Office AT LEAST 2-weeks prior to Camper's Arrival.*

Camper: _____ Home Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date: _____ Grade in Fall of 2011: _____ Gender: M or F

Parent/Guardian #1

Name: _____ Relationship to Camper: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Does this person reside with camper? Yes or No

Parent/Guardian #2

Name: _____ Relationship to Camper: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Does this person reside with camper? Yes or No

Emergency Contact #1

Name: _____ Relationship to Camper: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact #2

Name: _____ Relationship to Camper: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Has camper previously attended a camp? Yes or No When: _____

Name of Camp: _____ Where: _____

State any food, activity or health restrictions: _____

Does camper have any allergies? _____

Does camper have any nervous/emotional disorders: Yes or No

Have these ever been professionally treated? Yes or No When: _____

THE FOLLOWING INFORMATION MUST BE COMPLETED

Name of Insured: _____ Hospitalization Carrier: _____

Policy #: _____ Group #: _____ Agreement #: _____

Please list below information you feel important to your child's health: _____

Please list instructions for any medication that the camper will have with them while in camp. All medications must be in the original prescription bottles and MUST be given directly to the Camp Nurse.

I give my consent for the camp nurse to administer the following medications to my camper as needed:

- Acetaminophen (Tylenol) Ibuprofen (Motrin) Pepto Bismol Benadryl Allergy

Parent/Guardian Signature: _____ Date: _____

The 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 by me and the examining physician. In the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the camp to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child as named above. Parent/Guardian Signature: _____ Date: _____

I give my consent for the use of my camper's comments and/or pictures to be used in camp's promotional materials. Parent/Guardian Signature: _____ Date: _____

THE FOLLOWING INFORMATION MUST BE COMPLETED BY CAMPER'S PHYSICIAN
(No camper will be permitted to attend unless their Physician completes this information)

IMPORTANT: Please notify the camp if this patient has been exposed to any communicable disease during the 3-weeks prior to their arrival.

Operations or Serious Injuries (please include dates): _____

Chronic or Recurring Illness: _____

Activities to be discouraged (due to health): _____

Exam Date: _____ Height: _____ Weight: _____

Please check or list any Physical Disorder or Allergy that might keep the camper from taking part in the camp program, or that might affect his or her care.

- Hayfever _____ Ivy Poisoning _____
- Insect Stings _____ Penicillin _____ Other Drugs _____

Immunization History

List the date of last immunization & last booster

- _____ DPT Series
- _____ Polio (Sabin)
- _____ Polio (Salk)
- _____ Typhoid
- _____ Diphtheria
- _____ Tetanus
- _____ Measles (Live)
- _____ Mumps (Live)
- _____ German Measles
- _____ Tuberculin Test
- _____ Hepatitis B
- _____ Varicella

Findings

S - Satisfactory
X - Not Satisfactory
O - Not Examined

- _____ Ears
- _____ Nose
- _____ Throat
- _____ Heart
- _____ Lungs
- _____ Abdomen
- _____ Eyes
- _____ Skin
- _____ Feet
- _____ Other

Health History (please give approximate date)

- _____ Colds
- _____ Polio
- _____ Mumps
- _____ Hernia
- _____ Asthma
- _____ Measles
- _____ Diabetes
- _____ Sinusitis
- _____ Bronchitis
- _____ Bed Wetting
- _____ Ear Trouble
- _____ Convulsions
- _____ Chicken Pox
- _____ Appendicitis
- _____ Sore Throats
- _____ Constipation
- _____ Heart Trouble
- _____ Sleep Walking
- _____ Scarlet Fever
- _____ Stomach Upsets
- _____ German Measles
- _____ Fainting Spells
- _____ Rheumatic Fever
- _____ Epileptic Seizures

I have examined this camper and it is my opinion that they are physically able to engage in camp activities except as noted:

Physician Signature: _____ Date: _____