

YMCA Camp Kon-O-Kwee

126 Nagel Road • Fombell, PA 16123-1198 — (412) 391-3328 or (724) 758-6238, 724-758-2705(fax) — info@ycamps.org

CAMPER INFORMATION/MEDICAL SHEET — Please complete and return to Kon-O-Kwee.

Gena Fawna Juna Sena Explorer Teen Adventure Session: _____

Please return this completed form to the Camp Office **ATLEAST 2 Weeks** prior to Camper's Arrival.

Camper: _____ SS#: _____ - _____ - _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone #: _____ Birthday: _____ Grade: _____
Buddy Request: _____

Parent/Guardian #1

Name _____
Home Phone _____
Work Phone _____
Cell/Mobile _____
Company _____
Occupation _____
Relation to Camper _____
Does this person reside with camper? Yes No

Parent/Guardian #2

Name _____
Home Phone _____
Work Phone _____
Cell/Mobile _____
Company _____
Occupation _____
Relation to Camper _____
Does this person reside with camper? Yes No

Emergency Contact #1

Name _____
Home Phone _____
Work Phone _____
Cell/Mobile _____
Relation to Camper _____

Emergency Contact #2

Name _____
Home Phone _____
Work Phone _____
Cell/Mobile _____
Relation to Camper _____

Has Camper Previously Attended a Camp: Yes No When: _____
Name of Camp: _____ Where: _____
Does Camper wet bed: Yes No How Frequently: _____
Sleep Habits: Light Moderate Heavy Sleepwalk Bad Dreams
Does Camper have any fears: _____
Swimming Ability: Non-Swimmer Poor Fair Good Excellent Diver Sr Lifesaving Jr Lifesaving
What would you like your child to learn at Camp: _____
Chief interests & Hobbies: _____
In what way, if any, have you had difficulty with your child (ex. fighting): _____

State Food, Activity, or Health Restrictions: _____
Does Camper have any Allergies: _____
Does Camper have any Nervous/Emotional Disorders: Yes No
Have these ever been professionally treated: Yes No When: _____
Use following lines for additional info we should know about camper so we may serve them better.

INFORMATION ON REVERSE SIDE 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.

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 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.

Signature (Parent/Guardian): _____ Date: _____

I give my consent for the use of my camper's comments and/or pictures to be used in Camp's promotional materials.

Signature (Parent/Guardian): _____ Date: _____

Following information **MUST** be completed by camper's Physician

No camper will be permitted to attend unless their Physician completes this information

IMPORTANT: 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 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**
- 0 - Not Examined**
- _____ Ears
- _____ Nose
- _____ Throat
- _____ Heart
- _____ Lungs
- _____ Abdomen
- _____ Eyes
- _____ Skin
- _____ Feet
- _____ Other

Health History (please give approximate date)

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

Signed: _____ M.D. Phone: _____