



Camper Health History Form

What do I do with this form?

1. The Parent/Guardian is to complete this entire form for each camper.
2. The completed form must be sent in to camp.henry@swo.ymca.ca **ONE WEEK prior** to your camper's arrival at camp. Please do not send it more than one week ahead of time - this ensures that we receive the most current information about your camper.
3. On arrival day, the parent/guardian will be responsible for handing over any medication to the camp staff. At no point on site will campers be allowed to carry medication. The camp staff will ensure that medication is administered appropriately while at camp.
4. Proof of COVID-19 vaccination for each camper will be verified upon arrival on the first day of camp, DO NOT send vaccine receipts by email ahead of time.

Section A (Click on highlighted area to type)

Camper's Name: _____ Camper's Pronouns: _____

Age: _____ Birth date: _____

Health Card Number: _____ Version Code (if applicable): _____

Other Insurance: _____

If camper has had any of the following, please check:

- | | | |
|---|---|--|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Measles, German | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Red Chicken Pox | <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Bed Wetting Hay |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Fever Sleep |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mumps | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Hernia | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Fainting | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Crohn's or Colitis | <input type="checkbox"/> Impetigo |
| <input type="checkbox"/> Digestion Problems | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Mental Disability | | |

Any other physical or mental wellness concerns, please specify:

Biking Skills/Ability:

- Unable to Bike
- Beginner
- Intermediate
- Advanced

Swimming Skills/Ability:

- Unable to Swim
- Beginner
- Intermediate
- Advanced

Section B

In case of illness or medical emergency, notify:

1. Name	Relationship
Cell Phone	Alternate Phone
2. Name	Relationship
Cell Phone	Alternate Phone
3. Name	Relationship
Cell Phone	Alternate Phone

In the past two weeks, has the camper had or been in contact with:

Lice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Campers who have a communicable illness within a week of coming to camp may be asked to delay their arrival at camp. If a camper shows symptoms of a communicable illness while at camp, they may be asked to leave at the discretion of the Camp Director. Please see our 2022 Information Guide for details.
Whooping Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Impetigo	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cold	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Flu	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Diarrhea	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please ensure that you do a lice check prior to camp. If you camper arrives at camp with lice, we will ask you to take them home to receive the proper treatment before returning to camp.
COVID-19	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

In the past year, has the camper experienced a head injury: Yes No

In the past year, has the camper been hospitalized: Yes No

In the past four weeks, has the camper visited the emergency room: Yes No

If yes to any of the above, please provide details of of illness/injury/treatment:

SECTION C

ALLERGIES AND DIETARY RESTRICTIONS

At Camp Henry we are committed to creating a safe and inclusive environment for everyone. With this in mind we have a number of campers with severe food allergies. We recognize that nut allergies are a common concern and because of this our camp is a nut sensitive site. While our camp works to limit the introduction of nut products in our space, we do carry some products that may contain traces of nuts. If your camper has a severe allergy to nut products or any other food allergy, we will not serve that camper food that contains or may contain traces of the allergen, however that allergen may be present at camp. An anaphylaxis policy and emergency protocol are in place to ensure that campers with severe allergies are identified, and the camp will work towards eliminating camper contact with the allergen.

Allergies:

Penicillin Bee/Wasp stings Food Other Drugs Animals Environmental Other

Please provide details: _____

Carries Epi-Pen: Yes No Wears Medic-Alert Bracelet: Yes No

If your camper requires an Epi-Pen, please send them with a minimum of two Epi-Pens.

Dietary Needs or Restrictions: Vegetarian Lactose Intolerant Gluten Free

Other: _____

IMMUNIZATION HISTORY

Is the camper fully immunized against: (Please check if yes)

Poliomyelitis Pertussis Diphtheria Tetanus COVID-19

Date of most recent booster tetanus toxoid: _____ Polio Vaccine: _____

Dates of COVID-19 Vaccinations: _____

PHYSICAL AND MENTAL HEALTH HISTORY

Please share any physical or mental health information that may be useful to the camp staff in supporting your camper while at camp.

MEDICATION

If there are medications, treatments, or injections to be given at Camp, state when, what dose, what route of entry, and what time they are to be administered. Please note that medications are administered after meals and before bed. If an alternate arrangement is required, contact the Camp Director. All medications should be brought to camp by the camper in their original packaging. Medication is administered by our camp staff. If campers leave the site, medication is administered by a designated staff person on their outing. Campers may also be provided with over the counter medication by camp staff while on site. This medication will be administered as per the instructions on the label. Please include extra instructions on a separate page if needed.

Camper Height: _____ Weight: _____

Physician's Name: _____ Phone: _____

In the event that further information regarding my camper is required by the camp, I hereby authorize the Camp Director or her designate to contact my camper's personal physician. To the best of my knowledge, this camper is in good health, is physically able to participate in all camp activities, except as previously indicated, and has not been exposed to any infectious disease within four weeks prior to camp. If they become exposed to any infectious disease between now and the time of departure for camp, I understand the camp must be notified and my camper may have to delay their arrival. I, the undersigned, authorize the Camp Director or their designate, in the event of accident or illness affecting my child, to authorize on my behalf all procedures, including admission to hospital and necessary treatment therein, as they may deem essential for the care and well being of my child. Such action is only to be taken in an emergency or when immediate contact with the undersigned cannot be made.

Name: _____ Signature: _____ Date: _____