

## YMCA of Cass and Clay Counties Camp Koda Health Form

Camper Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ M / F Camp session#: \_\_\_\_\_  
Last First M.I.

Parent or Guardian Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Physician or Clinic: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Emergency Contacts, other than Parents, that Camp Staff can contact during your child's stay at camp:  
 Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
 Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

### HEALTH HISTORY

Are all school-required immunizations up to date? Yes or No      Date of last Tetanus Booster: \_\_\_\_\_  
 Has camper had any serious injury or operations? Yes or No      If yes, please give date (s) and explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### CURRENT HEALTH INFORMATION

Please list all medications (prescription and non-prescription) that are used or needed by camper on regular basis:  
 1. Name of Medication: \_\_\_\_\_ Is the camper bringing this to camp? Yes or No  
     Dosage (Please check):      Use only when needed \_\_\_\_\_ Daily \_\_\_\_\_ Scheduled dosage \_\_\_\_\_

2. Name of Medication: \_\_\_\_\_ Is the camper bringing this to camp? Yes or No  
     Dosage (Please check):      Use only when needed \_\_\_\_\_ Daily \_\_\_\_\_ Scheduled dosage \_\_\_\_\_

3. Name of Medication: \_\_\_\_\_ Is the camper bringing this to camp? Yes or No

#### PLEASE NOTE:

**All medications must be in their original container, plainly marked with camper's name, the name of the medication and the dosage.**  
 We will not administer any shots to any of the campers (this doesn't include an epipen).

Is your camper experiencing any of the conditions listed below? Please check the appropriate box.

- |                                  | Yes   | No    | Past Problem |                        | Yes   | No    | Past Problem |
|----------------------------------|-------|-------|--------------|------------------------|-------|-------|--------------|
| 1. Hay fever, asthma or wheezing | _____ | _____ | _____        | 8. Shortness of breath | _____ | _____ | _____        |
| 2. Serious skin rashes           | _____ | _____ | _____        | 9. Speech problems     | _____ | _____ | _____        |
| 3. Convulsions/Seizures          | _____ | _____ | _____        | 10. Hearing problems   | _____ | _____ | _____        |
| 4. Heart trouble                 | _____ | _____ | _____        | 11. Vision problems    | _____ | _____ | _____        |
| 5. Diabetes                      | _____ | _____ | _____        | 12. Dental problems    | _____ | _____ | _____        |
| 6. Frequent colds/ear aches      | _____ | _____ | _____        | 13. Muscular/Skeletal  | _____ | _____ | _____        |
| 7. Urinary/Bowel problems        | _____ | _____ | _____        | 14. Hyper activity     | _____ | _____ | _____        |
|                                  |       |       |              | 15. Other: _____       | _____ | _____ | _____        |

Please explain any conditions that you have checked yes above: \_\_\_\_\_

Does camper have any allergies? If yes, please list: \_\_\_\_\_

Are there any restrictions to camper's activities? \_\_\_\_\_

Are there any additional notes for the Koda Staff? \_\_\_\_\_

**Photo Release:** The YMCA & Camp Koda have permission to utilize any photos or videos taken of my child for publicity purposes.

**If NO, do not sign.**

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

Date: \_\_\_\_\_

**Horseback Riding Waiver:** The camper named above has my permission to participate in the horseback riding program at YMCA Camp Comorant. As the parent/guardian of this child, I recognize the inherent risk that is involved in horseback riding and being around horses and agree to hold the YMCA and its officers, directors, employees and agents harmless from any and all claims, including but not limited to claims of personal injury, death, property damage or any other loss or damage that may arise from my child's participation in the horseback riding program.

**(We will not ride horses week 1,2 & 4)**

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

Date: \_\_\_\_\_

**Health Authorization:** This section must be signed by the parent of legal guardian and is required under state laws, unless there is a religious objection. A separate form is available if such the case. "This Camp Health Information is correct so far as I know and the camper referred to above has my permission to engage in all camp activities, except as specified as above. I hereby give permission to the YMCA to secure medical and surgical treatment and to provide routine non-surgical medical care for the camper named above, while attending camp."

**"I understand that the YMCA does not carry any health and accident insurance on campers."**

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

Date: \_\_\_\_\_

**Please complete this form and the climbing wall waiver and bring to camp the first day. Staff will collect all forms at the time of check in. All payments must be made before the first day of camp. Payments can be made at the Member Service Desk.**