YMCA CAMP CHANDLER

Building character, making a difference, and changing lives

Operation Purple Camp Parent Packet Check-List

Complete these easy steps to begin your camper's 2011 summer camp adventure! **ALL FORMS** should be returned to the camp office no later than **TWO WEEKS PRIOR** to you camper's arrival.

Be sure to include the following items when you return your child's completed registration packet.

- ☐ Montgomery YMCA Staff Code of Conduct Acknowledgement
- ☐ Your child's Camper to Counselor letter
- ☐ Parent to Counselor Letter
- ☐ Parent Authorization Form
- ☐ Hold Harmless Agreement
- ☐ Medical Form

Mail all forms to our camp office at:
Operation Purple Camp
YMCA Camp Chandler
PO Box 1240
Montgomery, AL 36092

If for some reason you cannot get your paperwork in two weeks prior to your child's arrival, then we ask you to please just bring all completed paperwork with you to check-in. You will have a traditional check-in rather than the express check-in. Please do not try to mail paperwork within two weeks of your child's start date. As it may take longer to complete the medical form, we ask that if you have all other forms complete to mail in advance and come to check-in with medical form in-hand.

That's it! If you have any questions about your registration packet, please feel free to call our office at (334)220-7442. We look forward to seeing you soon at YMCA Camp Chandler! It's going to be a GREAT summer!

YMCA CAMP CHANDLER

Parents Packet

Dear Parents,
In this packet you will find the information to help make your child's summer camp experience one that will last a lifetime. We have been planning for a fun and safe summer, and we are so excited that your child will be a part of it! Please take a few minutes and read through this information in its entirety. If you have any questions, please feel free to call or email me personally.

Michael Stewart
Program Director
mstewart@ymcamontgomery.org
(334)220-7442

First time at camp?
Practice! Allow your child to stay with a friend overnight more than once before camp. This will help prepare both you and your child. Consider sending your child to camp with a close friend, relative, or camp buddy. We can arrange for you to speak with a camp parent to answer any questions you might have providing you with unique answers from a parent's perspective. Visit the camp ahead of time; we would love your family to come and meet the Chandler staff and explore the grounds. **Open House** is scheduled for **2-4 PM** on **June 5.**

Keep in Touch while your child is away at camp this summer. We all enjoy opening the mailbox to see a personal letter from a friend or family member, and your child is no different. An encouraging note from Mom or Dad or a package of goodies to share with the cabin from Grandma and Grandpa is sure to add some excitement to the day. All packages and mail should be sent to camp with your child's name, session, and type of camper (i.e. Extreme) clearly marked on the outside:

Your Camper's Name
Operation Purple Camp
YMCA Camp Chandler
1240 Jordan Dam Road
Wetumpka, AL 36092

Mail and packages that are clearly marked with which day the camper should receive it can be left with staff at the check-in table.
If you would like your child to send letters home during his or her stay, it is a good idea to send pre-stamped and pre-addressed envelopes along with pencil and paper.

Email Campers can receive email messages sent via Bunk1.com. Log into Bunk1 through the camp website by clicking on the camper email and photo banner. Parents must register for this service the first time and use the code given out at check-in. *Emails are compiled at 2am and distributed at 10am each morning, Monday through Friday. Please note emails sent Friday may not be distributed in time to be received by your child.*

What's HOT in this Issue?

- Bunk1.com partners with Camp Chandler to keep parents "In The Know!!!"
- Please note the CHECK-IN TIME for summer camp this year!
- REMEMBER—Check-in will be faster when forms are turned in ahead of time.
- Parents are encouraged to visit the website or come by our Open House on June 5th!

MONTGOMERY YMCA

Thank you for choosing YMCA Camp Chandler!
Building character, making a difference, and changing lives.
www.campchandler.org
P.O. Box 2336 Montgomery, AL 36102
334·229-0035 (office) 334·269·2387 (fax)

american CAMP association ACCREDITED

Preparing for a CAMP CHANDLER OPC adventure!

Photos: This is a great way to see that your child is having a fun time at camp! Photos can be accessed through Bunk1.com. Pictures are uploaded to Bunk1 each evening and can be viewed by parents that have registered with Bunk1 using the camp-distributed pre-approval code. Be sure to take home our Bunk1 info sheet from check-in A slideshow of your child's adventure at camp will be showcased at our awards ceremony.

Returning Parent Website Subscription:
As we work to keep your children safe and keep you in the loop at the same time we have taken the step to partnering with Bunk1.com. Returning parents have traditionally re-registered through the camp website—this will no longer be the case. All parents must register with Bunk1.com. See the information sheet distributed at check-in for your pre-approval code and then access the site through the camper email and photo banner on the camp chandler website. Thank you for helping us take these steps to secure our website and provide access only to those that need it. Questions regarding Bunk1 services while your child is at camp can be directed to Bunk1 at 1-800-216-9472.

Telephone: Some parents may wish to speak with their child during the session, but we do not allow campers to receive or place phone calls while at camp. Feel free to call our office if you have any questions or concerns or reach the Program Director at (334)220-7442. Any message that needs to be given to campers will be done through our directors. **Cell phones are strictly prohibited**—please do not send them with your child.

Visitation: Because your child's safety is our utmost concern, we do not allow visitors into our camp. Once you say goodbye on Sunday, your camper is going to have an experience that will last a lifetime.

Emergencies: If an emergency should occur during normal business hours, and you need to get in touch with one of our directors, please call 334-538-4658 or 334-220-7442. We will notify parents immediately if any emergency occurs with your child while at camp.

Camp Infirmary: We strive to make sure your child's summer camp experience is accident and illness free. Should either of these occur, you can feel confident in placing your child under our care and supervision. All staff at Camp Chandler are First-Aid and CPR certified. We ask that you please send only the amount of medicine that will be needed during your child's stay. All medications must be in the original container in order to be dispensed by our staff. Non-prescription drugs will require a parent, guardian, or individual physician's signature. Bring all medications and detailed instructions for our medical hut supervisor with you to the check-in table.

Camp Store: We provide a variety of snacks including granola bars, chips, crackers, candy, soda, juice, water, and slushies. Your child's store money is already included in his or her camp tuition. Each child will receive a drink and a snack daily at their store visits and a souvenir of their choice at the end of the week.

Camp Chandler Swim Test: Campers are able to enjoy a variety of water sports. Camp Chandler is proud to train and certify counselors as lifeguards on site to be best prepared to ensure the safety of all aquatic participants. As Lake Jordan is different than the normal swimming pool, campers must be able to certify each week that they are able to swim in water over their head without the assistance of another person or any flotation devices. This means that each camper must takes swim test on the first day of camp consisting of jumping into water overhead and recover; swim 20 yards, tread water for 30 seconds, and swim another 20 yards. This would certify that the child can swim in any of our deep water areas. We also have a shallow water area where we play games and enjoy splashing around in the lake in waist high water. Swimmers that are able to swim in the deep water are able to sail without a counselor in the boat and can ski or tube. Red swimmers will still be able to enjoy many of our regular activities – sailing, banana boat, and canoeing with adequate supervision. The Swim Test is an important part of our safety plan. However, please work with your child not to be too stressed about it. Regardless of swimming ability, it is the goal of our staff to ensure that all campers enjoy our waterfront to the fullest potential!

Check-In is between **2:00 and 3:00PM** on the Sunday, July 3. No early arrivals, please. Please make arrangements in advance if you plan to arrive later than 3:00PM. Camp staff will be present directing you to registration which will take place in the indoor chapel. Please have any remaining paperwork and all medications necessary for your child when you enter the chapel for check-in. Be sure to leave all luggage in the car; you will be able to drive your child and his or her belongings to the cabin. Remember, check-in will move smoother and faster if camper forms are turned into the camp office ahead of time.

First Time Parents

Please feel free to see the Camp Director at check-in for any questions that you may have regarding camp. We are available to offer any advice or address concerns in person in the indoor chapel during check-in. Please do not hesitate to ask!

The Check-Out Process

Parents and families are invited to join us beginning at 4:00pm on Friday, July 8; the awards ceremony and slideshow presentation at 4:30 is a very special time for your campers and we strongly encourage you to attend. Parents will sign their child out and pick up any medications at the Check-out table. The awards ceremony and slideshow will begin at exactly **4:30** in the Dining Hall. After the ceremony, campers and parents can load belongings. Don't forget to check the Lost and Found tables and turn in your completed Evaluation form!

IMPORTANT NOTE - A driver's license or other photo identification is required before leaving the premises with your camper.

Please remember—we as each camper to please bring a picture of their parent service member(s) to be used in our Wall of Honor activity.

Hold My Spot Fee:
Your $25 per camper Hold My Spot fee will be returned to you upon check-in. Checks for No-Shows will be sent to the National Military Family Association. OPC cancellations made at **least three weeks** prior to camp may have their Hold My Spot checks returned.

What to Bring?

Here is a *suggested* packing list.

- 7 pairs of underwear
- 2 pairs of long pants
- 7 t-shirts
- 7 sets of shorts
- 7 pairs of socks
- Poncho
- 1 pair of sneakers
- Shower shoes/flip flops
- Good Attitude!
- Boots or closed-toe shoes for horseback
- 2 pair of pajamas
- 2 swimsuits
- Sleeping bag/ bedding
- Twin fitted sheet
- Pillow/pillowcase
- Laundry bag
- Sense of Fun and Adventure
- Flashlight with batteries
- 2 bathing towels
- 2 washcloths
- Soap/soap dish
- Toothbrush/ toothpaste
- Comb or hairbrush
- Shampoo/ conditioner
- A shower caddy to carry items to bath house
- Sunscreen
- Insect repellent
- Sunglasses
- Hat
- Books for rest period
- Letter writing materials and postage
- Water bottle with name—Free Water at Camp!
- Camera with name
- **Picture of Service Member**

Please note: If your child is going to participate in horseback riding, he/she must have long pants and closed toed shoes.

Camp Fever and Health Screening Policy

At Camp Chandler we take the safety of our campers very seriously. One step that we take to keep camp healthy and safe is to screen each person that comes to overnight camp. All campers will have their temperature taken at check-in by our medical staff. Campers with a fever, designated at 100.5ºF or higher, will not be allowed to begin their camp experience at that time. Campers must be fever free for 48 hours before returning to camp. This very necessary step is taken to ensure that all campers are given an opportunity to experience a healthy and safe summer camp.

Items to leave at home: Cell phones, knives, firearms, fireworks, trading cards, **cell phones,** items of sentimental or monetary value, and all forms of "tech-toys" (**cell phones**, iPods, PDAs, **cell phones**, CD players, etc.). We encourage our campers to be unplugged while at camp, and hope you can honor this request. Any of these prohibited items brought to camp will be collected by our directors, and returned at the end of the session. Please note that **cell phones** are prohibited!

DAILY SCHEDULE

7:00	Reveille
7:30	Breakfast
8:00	Flag Raising
8:30	Cabin Clean-Up
9:30	Activity 1
10:30	Activity 2
11:30	Activity 3
12:30	Lunch
1:00	Rest Period
2:00	Camp Store
2:30	Free Swim
4:00	Activity 4
5:00	Activity 5
6:00	Camp Nut and Flag Lowering
6:15	Dinner
7:00	Night Activity
9:00	Showers
10:00	Lights out

Please remember to mail your packet to:

Operation Purple Camp
YMCA Camp Chandler
P.O. Box 2336
Montgomery, AL 36102

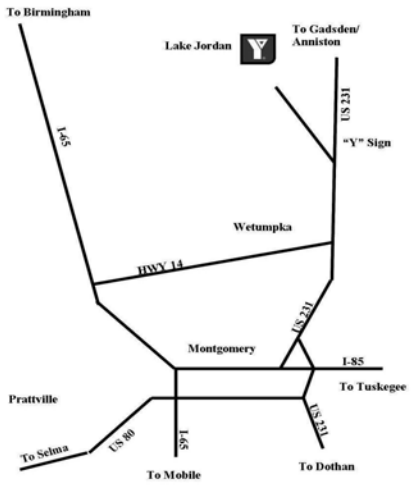
Physical Camp Address for Camper Mail:

Operation Purple Camper _____
YMCA Camp Chandler
1240 Jordan Dam Rd.
Wetumpka, AL 36092

Directions

From **I-65 N** merge onto the Northern Blvd via Exit 173 toward US-231. Take US-231 N ramp toward Wetumpka (left). Follow US-231 N all the way into Wetumpka. This is approximately 17 miles. You will pass Tutwiler Prison which will be to your right. From Tutwiler you will drive approximately 2 miles. If the road becomes 2 lanes, then you have gone too far. You will then see a sign for Swayback Bridge Trail and for YMCA Camp Chandler directing you to take a left (Bryson Veterinary Clinic is on the right). Take this left onto Old Hwy 231. Continue straight until you come to the fork in the road. There will be signs again for the Swayback Trail and Camp Chandler directing you to veer left onto Jordan Dam Road. Take that left and follow this road straight to Camp Chandler.

If coming from **I-85 S**, take the Eastern Blvd exit, Exit 6. Turn onto US-231 North. Continue to follow US-231 N and take the US-231 N ramp toward Wetumpka. From US-231 N follow the same directions given above.



www.campchandler.org

MONTGOMERY YMCA STAFF
CODE OF CONDUCT

1. In order to protect YMCA staff, volunteers, and program participants, at no time during a YMCA program may a staff person be alone with a single child where they cannot be observed by others. As staff supervise children, they should space themselves in such a way that other staff can see them.

2. Staff shall never leave a child unsupervised.

3. Restroom supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway of the restroom while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff are assisting younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a field trip. Always send children in pairs, and whenever possible, with staff.

4. Staff should conduct or supervise private activities in pairs-diapering, putting on bathing suits, taking showers, etc. When this is not feasible, staff should be positioned so that they are visible to others.

5. Staff shall not abuse any YMCA participant, child, volunteer or staff including:
   physical abuse-to strike, spank, shake, slap;
   verbal abuse-to humiliate, degrade, threaten;
   sexual abuse-to inappropriately touch or speak;
   mental abuse-to shame, withhold kindness, be cruel;
   neglect-to withhold food, water, basic care, etc.
   Any type of abuse will not be tolerated and may be cause for immediate dismissal.

6. Staff must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism. Staff will have age-appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in pre-determined situations (necessary to protect the child or other children from harm), is only administered in a prescribed manner, and must be documented in writing.

7. Staff will observe and report to immediate supervisor any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a non-threatening way. Any questionable marks or responses will be documented. ALL REPORTS ARE TO BE CONFIDENTIAL.

8. Staff will respond to children with respect and consideration and treat all children equally regardless of sex, race, religion, or culture.

9. Staff will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.

10. Staff will refrain from intimate displays of affection towards others in the presence of children, parents, and staff.

11. While the YMCA does not discriminate against an individual's lifestyle, it does require that in the performance of their job, they will abide by the standards of conduct set forth by the YMCA.

12. Staff must appear clean, neat, and appropriately attired.

13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited. Using illegal drugs at any time is prohibited.

14. Smoking or use of tobacco in the presence of children or parents on YMCA property or while participating in a YMCA program is prohibited.

15. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment in the presence of children, parents, or any other staff is prohibited.

16. Staff must be free of physical and psychological conditions that might adversely affect the children's physical or mental health. If in doubt, an expert should be consulted.

17. Staff will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact, and maturity.

18. Staff may not be alone with children they meet in YMCA programs outside of the YMCA. This includes babysitting, sleep overs, and inviting children to your home. Any exceptions require a written explanation before the fact and are subject to administrator approval.

19. Staff are not to transport children in their own vehicles.

20. Under no circumstances should staff release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA).

21. Staff are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.

22. Staff will act in a caring, honest, respectful, and responsible manner.

Any and all infractions and violations of this policy should be reported to the Branch Director or the General Director.

I understand that it is my responsibility as a parent to monitor the actions of the staff and will bring any behavior that is inconsistent with the staff code of conduct to the attention of someone in authority at the YMCA.

Parent's Signature_____

Date_____

YMCA CAMP CHANDLER

Camper to Counselor Letter

Are you ready for camp? We are, and we would like to get to know you a little better before you get here! Take just a few minutes and fill out this letter; it will help us to plan many activities for you and your cabin mates. Get ready, this summer will be an experience that will last a lifetime! We are going to have the time of our lives!

My name is _____, but my friends call me _____. Some things that I really enjoy doing are _____, _____, and _____. My favorite subject at school is _____. Most of my friends say that I am _____. If you were to ask my best friend about me, they would say that I _____. My best friends are people who _____. I am coming to Camp Chandler because _____ _____. I think my favorite camp activity will be _____. I think it would be fun if my cabin could do _____ as a camp activity. As my counselor, I would like you to know _____ _____.
One thing I really want to accomplish while I am at camp is _____.

I understand that I am coming to YMCA Camp Chandler to develop new skills, be a good friend, and have a great time. I understand that there are camp rules that I must follow in order for everyone to have fun. I agree to follow the YMCA Camp Chandler rules including being considerate of my cabin mates, cooperating with my counselors, and practicing good health habits.

Signed _____

MONTGOMERY YMCA

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www.campchandler.org
P.O. Box 2336 Montgomery, AL 36102
334·229·0035 (office) 334·269·2387 (fax)

american CAMP association ACCREDITED

YMCA CAMP CHANDLER—OPC

Parent to Counselor Letter

All information below will be shared with your child's counselor, but will remain confidential from all other campers. Your cooperation in providing complete information on this form will help us to more effectively meet the needs of your child. **Please return this form no later than two weeks prior to your camper's session.**

Camper's Name _____ Age _____ Sex: □ Male □ Female

Birth date _____ Nickname _____

Grade in coming Fall _____

Has your child been away from home overnight before? _____

Has your child been to camp before? _____

Has your child been to Camp Chandler before? _____ How many years? _____

How does your child feel about coming to camp? _____

What would you like your child to gain from his or her camp experience? _____
_____

What chores does your child do at home? _____

What does your child do in his or her free time? _____

Can your child swim? _____

Is your child afraid of the dark? _____

Does your child sleepwalk? _____

Does your child ever wet the bed? _____

If yes, what are your suggestions to help avoid the bedwetting? _____
_____

Does your child have any fears or concerns we should be aware of? _____
_____

If so, how can we help him/her to have a good experience? _____
_____

Does your child have any special dietary needs? _____
_____

Things my child is allergic to: _____

Are there any special concerns that you would like our staff to be aware of? _____
_____

Parent/Guardian's Signature _____

YMCA CAMP CHANDLER—OPC

Parent Authorization

The safety of your child is of the utmost importance to us. This form is designed to avoid confusion during the check-out process. Complete only the top portion of this form, and **please return this form at least two weeks prior to your child's arrival at camp.** The bottom portion will be filled out on check-out day by you and the Camp Chandler staff. The camp intends to follow your instructions.

Camper's Name: _____

Session: _____

The above named camper will be picked up at Camp Chandler by the following person(s):

Please Print Name: _____

OR, the person(s) listed below have my permission to pick up the above named camper at Camp Chandler:

Name Relationship

_____

_____

_____

I agree to protect Camp Chandler, the YMCA, and their employees from any liability (including attorney's fees) for following my instructions.

Signature of Parent or Guardian

_____ Date _____

_____

Sign-Out Section: End of Camp (a photo ID is required of the person picking up camper. Adult must be one of the persons listed above for authorized release of your camper).

The person named above, picked up the camper named above:

Date: _____

Authorized Release Signature: _____

Camp Chandler Staff Signature: _____

STATE OF ALABAMA)

_____ COUNTY)

YMCA HOLD HARMLESS AGREEMENT

I, _____, as the parent or guardian for
(Parent's Name)

_____, a minor child who is in my care and
(Child's Name)

custody, do hereby grant my permission for my child to attend a program or event at YMCA Camp Chandler. I fully understand the nature of camping and recreational activities associated with the use of the camp facilities and/or programs includes an inherent risk of danger, which may result in personal injury or harm to my child. I understand that my child will be under adult supervision at all times but, notwithstanding any level or degree of supervision, that accidents may occur which may result in physical injury or harm to my child. It is with the full understanding of the risks associated with these types of activities that I grant permission for my child to participate in the program to be conducted at YMCA Camp Chandler, and I agree to indemnify and hold harmless YMCA Camp Chandler, the Montgomery Metro YMCA, its staff, directors, employees, agents and/or representatives from any claim for any injury or damage which may result from my child's attendance and participation in the program conducted on camp property. Permission is granted for my child to participate and I understand that by signing this form I am voluntarily and knowingly accepting responsibility for my child's participation in the activity or program to be conducted at YMCA Camp Chandler. I also grant permission for pictures and images of my child to be taken while participating in activities and used for YMCA promotional purposes.

Dated this _____ day of _____, 20 _____.

Parent's Signature:_____

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: *American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses*

Mail this form to the address below by two (2) weeks prior to the start of your session.

YMCA CAMP CHANDLER
P.O. Box 2336
Montgomery, AL 36102

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

☐ Male ☐ Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

1) ***Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.***
2) ***Send the original, signed FORM 1 to camp by the requested date.***
3) ***Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.***
4) ***After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.***

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____

Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____

Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) _____ (_____) _____

Allergies: ☐ No known allergies. ☐ This camper is allergic to: ☐ Food ☐ Medicine ☐ The environment (insect stings, hay fever, etc.) ☐ Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: ☐ This camper eats a regular diet. ☐ This camper eats a regular vegetarian diet.
☐ This camper has special food needs. ***(Please describe below.)***

Restrictions: ☐ I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
☐ I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. ***(Please describe below.)***

Medical Insurance Information:

This camper is covered by family medical/hospital insurance ☐ Yes ☐ No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company_____ Policy Number_____

Subscriber_____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name _____ First _____ Middle _____ Last _____ (For Camp Use) Cabin or Group _____ (For Camp Use) Session Code(s): _____

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: *American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses*

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diptheria, tetanus, pertussis★ (DTaP) or (TdaP)						
Tetanus booster★ (dT) or (TdaP)						
Mumps, measles, rubella★ (MMR)						
Polio★ (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox) ☐Had chicken pox Date:						
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test	Date:	☐ Negative	☐ Positive

If your camper has not been fully immunized, please sign the following statement: **I understand and accept the risks to my child from not being fully immunized.**

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: ☐ This camper will not take any daily medications while attending camp.

☐ This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			☐Breakfast ☐Lunch ☐Dinner ☐Bedtime ☐Other time:_____		
			☐Breakfast ☐Lunch ☐Dinner ☐Bedtime ☐Other time:_____		
			☐Breakfast ☐Lunch ☐Dinner ☐Bedtime ☐Other time:_____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

Acetaminophen (Tylenol)
Phenylephrine decongestant (Sudafed PE)
Antihistamine/allergy medicine
Diphenhydramine antihistamine/allergy medicine (Benadryl)
Sore throat spray
Lice shampoo or cream (Nix or Elimite)
Calamine lotion
Laxatives for constipation (Ex-Lax)
Ibuprofen (Advil, Motrin)
Pseudoephedrine decongestant (Sudafed)
Guaifenesin cough syrup (Robitussin)
Dextromethorphan cough syrup (Robitussin DM)
Generic cough drops
Antibiotic cream
Aloe
Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol)

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CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: *American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses*

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: ***Check "Yes" or "No" for each statement. Explain "Yes" answers below.***

Has/does the camper:

1. Ever been hospitalized? …… ☐ Yes ☐ No
2. Ever had surgery? ..... …… ☐ Yes ☐ No
3. Have recurrent/chronic illnesses? ..... …… ☐ Yes ☐ No
4. Had a recent infectious disease? ..... …… ☐ Yes ☐ No
5. Had a recent injury? ..... …… ☐ Yes ☐ No
6. Had asthma/wheezing/shortness of breath?..... ☐ Yes ☐ No
7. Have diabetes? ..... …… ☐ Yes ☐ No
8. Had seizures? ..... ☐ Yes ☐ No
9. Had headaches? …… ☐ Yes ☐ No
10. Wear glasses, contacts, or protective eyewear? ☐ Yes ☐ No
11. Had fainting or dizziness? ..... ☐ Yes ☐ No
12. Passed out/had chest pain during exercise? …… ☐ Yes ☐ No
13. Had mononucleosis ("mono") during the past 12 months?... ☐ Yes ☐ No
14. If female, have problems with periods/menstruation?…….. ☐ Yes ☐ No
15. Have problems with falling asleep/sleepwalking? ..... ☐ Yes ☐ No
16. Ever had back/joint problems?……..…….... ☐ Yes ☐ No
17. Have a history of bedwetting?……... ☐ Yes ☐ No
18. Have problems with diarrhea/constipation?……... ☐ Yes ☐ No
19. Have any skin problems?……..... ☐ Yes ☐ No
20. Traveled outside the country in the past 9 months?..... ☐ Yes ☐ No

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: ***Check "Yes" or "No" for each statement.***

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? ……..... ☐ Yes ☐ No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?……..... ☐ Yes ☐ No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?…… ☐ Yes ☐ No
4. Had a significant life event that continues to affect the camper's life?..... ☐ Yes ☐ No
   (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____

Name of dentist(s):_____ Phone: (_____) _____

Name of orthodontist(s):_____ Phone: (_____) _____

What Have We Forgotten to Ask? ***Please provide in the space below*** any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program***. Attach additional information if needed.***

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

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Rev. 1/2007 LEE/EAW

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: *American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses*

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

Individual Health Record (For Camp Use Only)

Initial Screening **Date/Time:** _____ **Initials:** _____

☐ **Screening** has been conducted according to camp protocol and significant findings noted as follows:

A. Any signs/symptoms of illness or injury upon arrival?..... ☐ No ☐ Yes as noted below

B. History of exposure to communicable disease?..... ☐ No ☐ Yes as noted below

C. Additions or corrections to information on this health history?..... ☐ No ☐ Yes as noted below

D. Medication given to health-care staff?..... ☐ No ☐ Yes as noted below

E. Any signs/symptoms of head lice?..... ☐ No ☐ Yes as noted below

Provider notes: (date/time/initial all entries) _____

Exit Note: Check one of the following:

☐ Left camp this day with no reported illness or injury symptoms.

☐ Left camp this day with the following problem/concern:

_____

_____

This person was told about the problem and instructed about follow-up as noted above: _____

Date/Time: _____ Initials: _____

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CAMPER HEALTH-CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2

Developed and reviewed by: *American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses*

Mail this form to the address below by two (2) weeks prior to the start of your session.

YMCA CAMP CHANDLER
P.O. Box 2336
Montgomery, AL 36102

To Parent(s)/Guardian(s): Complete this section *and give* ***this form (FORM 2)*** *and* ***a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1)*** *to your child's health-care provider for review.*

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

☐ Male ☐ Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

_____
City State Zip Code

Custodial parent(s)/guardian(s) phone: (_____)_____ (_____)_____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. ***Medical personnel: Cross out those items the camper should not be given.***

Acetaminophen (Tylenol)
Ibuprofen (Advil, Motrin)
Phenylephrine (Sudafed PE)
Pseudoephedrine (Sudafed)
Chlorpheneramine maleate
Guaifenesin
Dextromethorphan
Diphenhydramine (Benadryl)
Generic cough drops
Chloraseptic (Sore throat spray)
Lice shampoo or scabies cream (Nix or Elimite)
Calamine lotion
Bismuth subsalicylate (Pepto-Bismol)
Laxatives for constipation (Ex-Lax)
Hydrocortisone 1% cream
Topical antibiotic cream
Calamine lotion
Aloe

Physical exam done today: ☐ Yes ☐ No (**If "No," date of last physical**: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ft_____in Blood Pressure_____/_____

Allergies: ☐ No Known Allergies

☐ To foods ***(list):***

☐ To medications: ***(list):***

☐ To the environment ***(insect stings, hay fever, etc.– list):***

☐ Other allergies: ***(list):***

Describe previous reactions:

Diet, Nutrition: ☐ Eats a regular diet. ☐ Has a medically prescribed meal plan or dietary restrictions:***(describe below)***

The camper is undergoing treatment at this time for the following conditions: ***(describe below)*** ☐ None.

Medication: ☐ No daily medications. ☐ Will take the following prescribed medication(s) while at camp: ***(name, dose, frequency—describe below)***

Other treatments/therapies to be continued at camp: ***(describe below)*** ☐ None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? ☐ No ☐ Yes

If you answered "Yes" to the question above, what do you recommend? ***(describe below—*****attach** ***additional information if needed)***

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

Name of licensed provider (please print): _____Signature: _____Title: _____

Office Address_____
Street City State Zip Code

Telephone: (_____)_____ Date:_____

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Camper Name _____ First _____ Middle _____ Last _____ (For Camp Use) Cabin or Group _____ (For Camp Use) Session Code(s): _____