

Camp Winnebago KINDER CAMP Enrollment Application/Health Form



Please fill out one form per child. Please print clearly.

Child's name _____ Sex _____ Birthdate _____

Address _____ Home Phone _____

City _____ State _____ Zip _____ + _____

Parent/Guardian Name(s) _____

Address _____

Home Phone _____ Work Phone _____

Single _____ Married _____ Divorced _____ Re-married _____

Child lives with _____

Please list all people who are authorized to pick up your child from YMCA of Rock River Valley Camp Winnebago (including parents).

1) Name _____ Phone _____

Address _____ Relationship _____

2) Name _____ Phone _____

Address _____ Relationship _____

3) Name _____ Phone _____

Address _____ Relationship _____

4) Name _____ Phone _____

Address _____ Relationship _____

5) Name _____ Phone _____

Address _____ Relationship _____

EMERGENCY CONTACTS

Please list all people we can contact in case of an emergency, if we cannot contact you.

(They must live in the immediate area).

1) Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____

2) Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____

A.D.A. Statement

The YMCA of Rock River Valley supports, to the best of its resources, the intent and spirit of the Americans with Disabilities Act as a Title II Provider. If you need any special assistance or accommodations (such as providing a communicator or physical assistance) please call Susie Johnson, 815-489-3380, three weeks prior to the event so that any possible accommodations may be made.

HEALTH/EMERGENCY INFORMATION

Child's Physician _____

Clinic/Hospital _____ Phone _____

Please (✓) check and give dates diagnosed if your child had/has any of the following:

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Attention Deficit Disorder |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Measles | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other, please give information |
| <input type="checkbox"/> Bleeding/Clotting Disorders | <input type="checkbox"/> Convulsions | |

ALLERGIES

- | | |
|--|--|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Food, please list below | <input type="checkbox"/> Other drugs |

IMMUNIZATIONS

- | |
|----------------------------------|
| <input type="checkbox"/> MMR |
| <input type="checkbox"/> TB |
| <input type="checkbox"/> Tetanus |

Any dietary restrictions _____

Is your child taking any medication? Yes No What kind? _____

Reason for taking it? _____

Does your child need to take the medication during camp hours? Yes No

If so, please give the YMCA staff the medicine in its original container with instructions and fill out medical release which is available at the camp sign-in desk.

Please list any camp activity that your child should be exempted for health reasons _____

Description of any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp _____

Record of any past medical treatment that camp should be aware of _____

FAMILY MEDICAL INFORMATION

Family Physician _____ Phone _____

Dentist _____ Phone _____

Medical/Hospital Insurance _____

Carrier _____ Policy/Group # _____

AUTHORIZATION STATEMENTS

I give permission to the YMCA of Rock River Valley staff to administer First Aid to my child when injured.

In case of emergency, every effort is made to contact the parent/guardian and emergency contacts. If they are unavailable, **I hereby give permission** to the physician selected by the YMCA of Rock River Valley staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the child named above.

I give permission for my child to participate in outdoor camp activities such as archery, canoeing, hiking, and Splash Fountain.

Signature of Parent/Guardian _____

I give permission for the YMCA of Rock River Valley to use photographs of my child participating in YMCA of Rock River Valley activities for promotional purposes.

Signature of Parent/Guardian _____