



2010 Camper Health History

Please provide complete information allowing CYC to be aware of your needs. Any changes should be given to camp health personnel upon camper's arrival at camp.

Camper Name: _____ Birth Date: _____ Age at Camp _____
 (Last) (First) (MI)
 Gender: *Male* *Female* Custodial Parent/Guardian: _____

Insurance Information:

A COPY OF THE MEDICAL INSURANCE CARD (both sides) MUST BE ATTACHED TO THIS FORM

Is your camper covered by family medical/hospital insurance? *YES* *NO*

If NO, is your camper covered by Medical Assistance? *YES* *NO*

If camper is insured, please complete the following:

Insurance Carrier or Plan Name: _____ Group Number: _____

ID Number: _____ Name of Insured: _____

Birth Date of Insured: _____ Relationship to Camper: _____

Employer: _____ Policy Holder's Social Security Number: _____

Medical Contact:

Physician's Name: _____ Clinic's Name: _____

Telephone Number: (____) _____ Fax Number: (____) _____

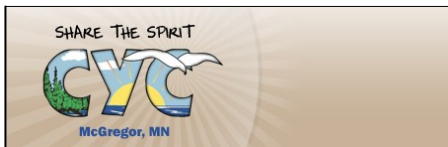
General Health Questions:

<i>Has/Does the camper:</i>	<i>YES</i>	<i>NO</i>	<i>Has/Does the camper:</i>	<i>YES</i>	<i>NO</i>
1. Had any recent injury, illness or infectious disease?			17. Ever had problems with joints (knees, ankles..)?		
2. Have a chronic or recurring illness/condition?			18. Need a prosthetic appliance at camp?		
3. Ever been hospitalized?			19. Have skin problems (itching, rash, acne...)?		
4. Ever had surgery?			20. Have diabetes?		
5. Have frequent headaches?			21. Have asthma?		
6. Ever had a head injury?			22. Had mononucleosis in the past 12 months?		
7. Ever been knocked unconscious?			23. Had problems with diarrhea/constipation?		
8. Wear glasses, contacts or protective eye wear?			24. Had problems with sleepwalking?		
9. Ever had frequent ear infections?			25. Had/Have an abnormal menstrual history?		
10. Ever passed out during or after exercise?			26. Have a history of bed-wetting?		
11. Ever been dizzy during or after exercise?			27. Have had an eating disorder?		
12. Ever had seizures?			28. Have a diagnosis of ADD or ADHD?		
13. Ever had chest pain during or after exercise?			29. Have a diagnosis of a psychological disorder?		
14. Ever had high blood pressure?			(such as depression, panic/anxiety/OCD).		
15. Ever been diagnosed with a heart murmur?			30. Have had emotional difficulties for which		
16. Ever had back problems?			Professional help was sought?		

**Please attach an additional sheet explaining any "YES" answers making sure to note the question number. If you answered yes to 27-30, describe the concern and a management plan while at camp. Comment on how CYC can specifically provide help for your camper.*

Please return forms by May 15, 2010.

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2010 Health History Continued...

Camper Name: _____ Birth Date: _____
(Last) (First) (MI)

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/local government are acceptable; please attach to this form.

Immunization	Dose 1 Mo/Yr	Dose 2 Mo/Yr	Dose 3 Mo/Yr	Dose 4 Mo/Yr	Dose 5 Mo/Yr	Most Recent Dose—Mo/Yr
Diphtheria, tetanus, pertussis* (DTaP) or (TdaP)						
Tetanus booster* (dT) or (TdaP)						
Mumps, measles, rubella* (MMR)						
Polio* (IPV)						
Haemophilus influenza type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)						
Meningococcal meningitis (MCV4)						

Tuberculosis (TB Mantoux) Test Date: _____ Negative Positive

List approximate date if camper has had or been exposed to:

Condition	Date	Condition	Date	Condition	Date
Measles		Mumps		Hepatitis A	
Chicken Pox		Tuberculosis		Hepatitis B	
German Measles		Whooping Cough		Hepatitis C	

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: _____

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.
- Is vegetarian.
- Has a medically prescribed meal plan, dietary restrictions, or other diet (*describe below*):



2010 Health History Continued...

Camper Name: _____ Birth Date: _____
(Last) (First) (MI)

Medication Policies & Instructions:

1. "Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies.
 2. All prescription drugs **MUST** be carried in the container in which they were issued (with medical orders and physician's name intact) and given to camp staff at check-in. Others will not be accepted.
 3. If you need over-the-counter medications, they must be in their original containers and **MUST** be given to camp staff at check-in.
- This camper will NOT take any daily medications while attending camp.**
- This camper will take the following daily medication(s) while at camp** *(attach additional pages if needed):*

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other: _____		

Restrictions:

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

IMPORTANT—The following information must be completed for attendance:

Parent/Guardian Authorization: This Health History is correct and complete as far as I know to reflect the health status of the camper to whom it pertains. I have provided necessary information on current physical, mental or psychological conditions requiring medication, treatment or special restrictions/considerations while at camp. The child described here has permission to engage in all camp activities except as noted. I hereby give my permission to the medical personnel selected by the camp to administer prescribed medication and order x-rays, routine tests, treatment and transportation related to my child's health in both routine care and emergency situations. I agree to release any records necessary for insurance purposes and understand that the information on this form will be shared on a "need to know" basis with camp staff. If I cannot be reached in the event of an emergency, I give my permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for my child named above. I give permission to photocopy this form.

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

I also understand and agree to abide with any restrictions placed on my camp activities:

Signature of Camper: _____ Date: _____



2010 Camper Personal Information

Camper Name: _____ Birth Date: _____
 (Last) (First) (MI)

Please use this form to provide important information that will help your child's camp counselor better understand her/his needs while at camp. Attach an additional sheet if necessary.

1. Has your child ever stayed away from home overnight with relatives, friends or at camp? If yes, how many nights?
2. Do you foresee any difficulties or homesickness your child may experience in relation to being away from home for an extended period? If yes and your child begins to experience this, what might our staff do to help?
3. Does your child have any specific fears (i.e. insects, storms, etc.)? How can counselors best support her/him if the fears arise at camp?
4. How does your child relate socially? Describe your child's relationship with siblings and peers, especially those who may be attending camp at the same time:
5. Has your child experienced any serious events in her/his life within the past year (i.e. parental separation/divorce, new baby, moving, family illnesses or death, other loss, etc.)? If yes, how is she/he dealing with this?
6. Has your child had any behavior difficulties at home, school or elsewhere (i.e. extreme anger or conflict; running away from home or school; obscene/offensive language; fighting; use of tobacco, alcohol or other drugs; etc.)? If yes, describe techniques used to successfully assist your child in improving behavior.
7. Please describe any other information about your child you feel would be beneficial for CYC staff to be aware of:

The information collected on this form is for CYC use only and will not be shared without the prior consent of the applicant.



2010 Successful Camper Behavior Agreement

Camper Name: _____ Birth Date: _____
(Last) (First) (MI)

Please read this behavior agreement with your child BEFORE signing at the bottom. Understanding the conduct we expect at CYC is important for a successful, fun experience for every camper.

The Catholic Youth Camp community embraces a respectful, supportive and inclusive environment where each camper can feel safe and grow. Although campers are encouraged to express themselves openly and honestly with each other, staff and all CYC community members, a specific level of conduct is expected. To achieve this, the following behavioral expectations have been established:

- Campers will treat their peers, CYC staff, volunteers and camp guests with respect at all times, including the display of respect for another’s feelings and privacy.
- Campers will remain in the presence of CYC staff at all times or have permission to visit other designated camp program areas.
- Campers will follow directions of all CYC staff and designated volunteers.
- Campers will not use obscene or offensive language or gestures while participating in and/or being transported to/from CYC or its designated activities and events.
- Campers may disagree with others, but they are expected to share their disagreement calmly and privately with the person or persons with whom they disagree.

If a camper is unsuccessful in meeting the behavioral expectations of CYC, a step-based, respectful approach will be used to help the camper choose behaviors that are appropriate. If problems continue, the parent/guardian of the camper will be notified and asked for additional assistance in helping the camper make positive choices. If exhaustive efforts do not succeed, the camper may be removed from camp. The camper’s parents/guardians will be expected to transport the camper from camp at their own expense. For more information, please contact the CYC office.

The following behaviors are considered extremely serious and will result in the immediate removal from camp:

- Possession and/or use of alcoholic beverages, tobacco products, narcotics, illicit drugs, drug-related paraphernalia, and all other controlled substances.
- Possession and/or use of any type of weapon including but not limited to guns, knives, martial arts type weapons, etc.
- Leaving camp property or designated program areas without the direct supervision and/or permission of supervising staff members.
- Any behavior that seriously compromises the safety and/or well being of any camper, camp staff, volunteer or guest.

All campers attending Catholic Youth Camp must annually have a signed copy of this agreement on file in order to participate in any camp activities or events.

We, (Camper name) _____ and (Parent/Guardian name) _____, have read and understand the Successful Camper Behavior Agreement. We have discussed the behavioral expectations for participants attending Catholic Youth Camp and agree to abide by the statements in this agreement.

 (Parent/Guardian Signature) (Camper Signature) (Date)

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