CAMPER INFORMATION

Camper' Name	Name of Parents				
A. Has he/she ever been away from ho How long?	me before?	From family?	Where?		
B. How does he/she react to new expen	riences, places, a	and friendships?			
C. Family Status					
Does he/she live with both Parents separated? Number of brothers?	Divorced?	One Parent? Deceased?			
D. What would you like your son/daug	thter to obtain fr	om his/her camp exp	perience?		
E. Personal Growth					
With other children, does	he/she tend to b	be: (circle those that	apply)		
Dependent Tense Happ	y Bullying		Boasting	Excitable	Shy
Antagonistic Withdrawn A lea	der Quiet	Resourceful	Aggressive	A follower	
Are his/her friends: Few Many	Older	V			
wiany	Older	Younger San	ne age		
Please list hobbies:					
		the service of the second seco		Water the same and the same and the same	
E How does your shill					
F. How does your child respond to dis	cussions about r	eligious topics? Po	sitive Indiffere	nt Negative	
					, or divorce?
					, or divorce?
					, or divorce?
					, or divorce?
G. Has your child experienced any ma	jor life changes	recently, i.e., death i	in the family, rece	nt move, separation	
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CAMP HEALTH HISTORY FORM FOR CHILDREN, YOUTHS, AND ADULTS

Champaign Family YMCA

Name			Birth Dat	e	Sex	Age
LAST	FIRST	M. INTI			50%	
Parent or Guardian (or Spous	se)			Phone ()	
Home Address						
Business Address	STREET & NUMBER		CITY	STA Phone (TE	ZIP
Y6	STREET & NUMBER	CITY	STATE	ZIP		
If not available in an emerge	ncy, please notify:					
Name				Phone ()	
Address			The way			
Health History (Charles	STREET & NUMBER		CITY	STA	TE	ZIP
Health History: (Check and go Frequent Ear Infections	give approximate dates)					
Heart Defect/Disease		Mononucleosis		FALLERG	IES	
Convulsions/Seizures		DISEASES		Hay Fever		
Diabetes .		Chicken Pox		Ivy Poisoning, etc.		
Bleeding/Clotting Disord		Measles		Insect Stings		
Hypertension	ers	German Measles		Penicillin		
Tetanus Shot		Mumps		Other Drugs		
2 Starkes Shot				Asthma		
Operations or serious injuries	s (including dates):					
Disability or chronic recurring	g illness:					
Any specific activities to be	encouraged or limited (h	v physician's advice).				
		j prijorozan s da vicej.				
Dietary modifications:					7747	
Current medications (send w	ith instructions):	Laddin to the Albertain		A STATE OF THE STA		
Other diseases or detail of ab	ove:	Section selections and sections		Take the second second	A Security of the second	
Name of dontiet/orthodontiet						TEN STORY
Name of dentist/orthodontist:				Phone: ()_		
Name of physician: Date of last physical examina				Phone: ()		
Do you carry family medical, Carrier:	/hospital insurance?	If so, please indic				
Suggestions or health inform	ation for camp personne	l:Polic	y or Group #	f:		
FOR FEMALE: H	a a this and the	10 70				100000000000000000000000000000000000000
H :	as this person menstruate		she been told			
11	so, is her menstrual histo	ory normal?S	pecial Consi	derations:		
4444TIA	PODTANT THE D	OV 11115T DE 4011				
This health him is	PORTANT, THIS BO	OX WOST BE COM	PLETE FOR	R ATTENDANCE!	****	
This health history is correct so a	as I know, and the person h	erein described has permi	ssion to engag	ge in all prescribed camp	activities exc	cept as noted.
Emergency Authorizations: I her Treatment for me/or my child, an	nd in the even I cannot be r	eached in an emergency	l hereby give r	director to order X-ray	s, routine tests	s, and
Director to hospitalize, secure pr	oper treatment for, and to c	order injection and/or ane	thesia and/or	surgery for malor my of	:1d 1	
Tobacco, Alcohol, and Drug Pol	icy: Campers are prohibited	d from possessing or using	tobacco and	alcohol products and ill	acal desert	
protection of all concerned, the	i MCA reserves the right to	search campers and their	personal belo	ngings to enforce this ru	ile. Campers v	who are
toulid to have violated this fule a	ire subject to expulsion from	m camp.				
I understand the YMCA's policy	and rules as set forth above	e and consent to the search	th of my child	(or the child for whom	I am the legal	guardian)
and his/her personal belongings a I am aware and have consented to	o my child using the Mercy	y McCauley grounds for the	he day camp s	ite.		
Signature of parent or guardian:		Da	te			
The YMCA has my permission to	o use photographs of my c	hild in camp promotional	material			
		P. C. Motional	viiui.			
Signature of parent or guardian: *If for some religious reasons vo	u cannot sion this then the	camp should be contacts	Date	poisson subist		
*If for some religious reasons yo	a cannot sign tills, tileli tile	camp should be contacte	u ioi a legal w	aiver which must be sig	ned for attend	ance.