

Welcome to the 2024 Annual Hayward La Honda Music Camp!!

Mandatory Paperwork

Camp paperwork is due by Wednesday, July 10th. Please fill out, sign, and upload the forms to Active.

Mandatory paperwork for camp includes:

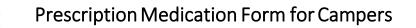
- 1. Camper Health History Form: a form where we ask you to tell us about your camper's allergies, medications, or any other issues we need to know about to take care of your child. Note: This form requires a "well-child" signature certifying that your Camper is healthy and illness-free 72 hours prior to Camp.
- 2. **Prescription Medication For Campers Form (if applicable):** All medication, both prescription and over-the-counter, must be in its **original packaging**. Prescriptions must be accompanied by physician written orders. Orders must include the camper's full name, dosage amount, delivery times, and any limitations or restrictions. YMCA Jones Gulch and Hayward La Honda Music Camp does not allow Campers to be in possession of medication regardless if this medication is prescribed by a doctor or purchased over-the-counter. Hayward La Honda Music Camp has a Registered Nurse on-site full-time throughout Camp session to distribute medication and ensure your Camper takes as prescribed.
- 3. **Insurance Information Form*:** please copy your insurance information, usually a card, front and back and attach it to this form.

*If your family does not currently have health insurance coverage, please let us know, we have an alternative form that must be submitted.

These forms are also available on our website at <u>www.lahondamusiccamp.com</u>.

If you have any questions, please email us at <u>lahondamusiccamp@gmail.com</u>.

A	CAMPER HEALTH HISTORY FORM			Camper Name:				
Hayward E				 First	Middle	Last		
La Honda <i>)</i> Music∙Camp⇒				Birth Date:				
				Month/Day	ı/Year			
Ever been hospitalized?		Yes	No	Had fainting or	dizziness?		Yes	No
Ever had surgery?		Yes	No	Passed out/ha	d chest pain during exercis	e?	Yes	No
Have recurrent/chronic i	Ilnesses?	Yes	No	Had mononucl	eosis ("mono") during the	past 12 months?	Yes	No
Had a recent infectious of	disease?	Yes	No	If female, have	problems with periods/m	enstruation?	Yes	No
Had a recent injury?		Yes	No	Have problems	s with falling asleep/sleepv	valking?	Yes	No
Had asthma/wheezing/sl	hortness of breath?	Yes	No	Ever had back/	joint problems?		Yes	No
Have diabetes?		Yes	No	Have a history	of bedwetting?		Yes	No
Had seizures?		Yes	No	Have problems	with diarrhea/constipation	in?	Yes	No
Had headaches?		Yes	No	Have any skin	problems?		Yes	No
Wear glasses, contacts, o	or protective eyewear?	Yes	No	Traveled outsi	de the country in the past	9 months?	Yes	No
Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement. To best care for your camper please answer the following questions thoroughly, has the camper: Yes No Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes Yes							No	
Ever been treated for en	notional or behavioral diff	iculties o	r an eating d	lisorder?			Yes	No
During the past 12 mont	hs, seen a professional to	address	mental/emot	tional health concerns	5?		Yes	No
Had a significant life even	nt that continues to affect	t the cam	per's life?				Yes	No
	oved one, family change, adopt				<i>rs)</i> amp may contact you for a			110
	, , , ,							
<i>What Have We Forgotten to Ask?</i> 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.								
<i>Allergies:</i> Yes No known allergies:								
To foods? Yes	No List:							
To medications: _{Yes}	No List:							
To the environment (inse etc.– list):	ect stings, hay fever, Y	es	No	List:				
Other allergies? Yes No List & Describe previous reactions:								
The camper is undergoing treatment at this time for the following conditions (describe below):								
The camper has a medically prescribed meal plan or dietary restrictions (describe below):								
The camper will require limitations or restrictions to activity while at camp (explain below):								



Camper Name: Last ______First _____First _____

Junior camper _____ Senior Camper _____ Cabin (To Be Filled Out By Nurse) _____

I, (parent/guardian) ______, the parent or guardian of the above listed camper, hereby, request that the Hayward La Honda Music Camp Registered Nurse administer the following prescription/s to my child. Medication is generally administered at breakfast, dinner, and before bed. Please make sure you have left enough medication for the entire camp (8 days, 7 nights: Saturday – Saturday). Indicate which time applies and note if another specific time is necessary.

Please give a description and symptoms of the condition that requires the child to take medication.

Possible adverse reactions which staff should be aware of include

How is your child's attitude about taking medication (e.g. cooperative, resistant, embarrassed, etc.)?

Other special instructions:

Hayward S La Honda

Music Camp

Medications must be in their original containers, labeled, and match the camper's name! **Prescriptions must be for the camper only, not anyone else.**

<u> </u>	(
Signature	of Parent/	Guardian

/	/
	Date Signed

****DO NOT MAIL****

Bring this form with medication to the camp nurse during check in. Medication Dosage Daily/As Needed Time of Day Special Notes

1.

2.

3.

4.

Med Date Time Dose Medic

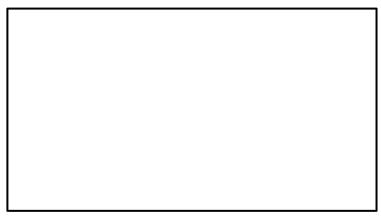
Med Date Time Dose Medic



Medical Insurance ID Card Form

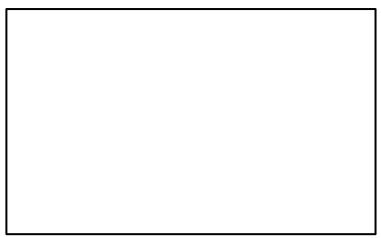
<u>Please Complete:</u>	<u>Choose One:</u>
Participant Name:	Camper
Phone Number:	Music Camp Staff
	Director
E-mail Address:	Family of Staff/Director

Front of Card:



(Click inside the box to upload an image)

Back of Card:



(Click inside the box to upload an image)