



## SPECIAL NEEDS ASSESSMENT

**Please complete and return with your Operation Purple camp registration forms.**

The National Military Family Association's *Operation Purple* program does not discriminate against children with special needs, but requests this information in order to provide a safe and enjoyable experience for campers. Please note that some camps' terrain or activity levels may make it difficult to accommodate children with certain special needs. This form is to be used to notify the accepting camp of any special dietary, health, mobility or disability needs your camper will have while at camp. The accepting camp will make every reasonable effort to accommodate your special needs camper. We encourage parents to work with camps prior to the start of the *Operation Purple* session to determine safety and medical accommodations.

Camper Name \_\_\_\_\_ Camp dates \_\_\_\_\_

Does your child have any special needs? \_\_\_ Yes \_\_\_ No

If no, please continue to signature line, sign and date.

If yes, please fill out the following sections as appropriate:

NATURE OF DISABILITY: (Please check if applicable)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Partial Visual Impairment | <input type="checkbox"/> ADHD             | <input type="checkbox"/> Asthma              |
| <input type="checkbox"/> Hearing Impaired          | <input type="checkbox"/> Asperger's       | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> ADD                       | <input type="checkbox"/> Seizure Disorder |  |

Allergies \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Tourette's Disorder - How is it displayed \_\_\_\_\_

Mental Health Disability - How is it displayed \_\_\_\_\_

Other \_\_\_\_\_

SPECIAL APPLIANCES *Note: terrain is rough/uneven.*

Does camper use a wheelchair? \_\_\_ Yes \_\_\_ No If yes, please check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Pushes independently       | <input type="checkbox"/> Must be pushed         |
| <input type="checkbox"/> Must be pushed uphill only | <input type="checkbox"/> Uses an electric chair |

### SLEEPING

Does camper have difficulty with:

- Sleepwalking       Bedwetting       CPAP machine (night-time breathing machine)

Sleeping Instructions: \_\_\_\_\_

**MEDICATIONS**

Is the camper currently taking any medication?  Yes  No

Please list any medications and directions for administering these medications:

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Will there be a change in the camper's medication schedule during the time he/she is at camp? (i.e. starting a new medication, getting off a medication, changing dosage, etc.):

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**COMMUNICATION – Please help us help your camper by providing complete information:**

How does camper communicate?

Verbally  Sign Language  American Sign  See Sign  Language Board  Electronic Device

Wear hearing aid?  Yes  No

If yes, please provide a container for them while swimming and daily care instructions.

**BEHAVIOR ISSUES**

Describe any behavior challenges the camper may have and effective discipline techniques:

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Does the camper have aggressive behavior and/or Oppositional Defiant Disorder (ODD)?  Yes  No

If so, how is it displayed:

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Is there anything not covered above or on the health history that may be useful for working with your child?

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I confirm that all the information on this form is accurate to the best of my knowledge. The camper is nonviolent and able to participate in a camp setting.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

MAIL TO:  
 South Mountain YMCA  
 PO Box 147  
 Wernersville, PA 19565  
 610-670-2267(p) 610-670-5010 (f)

# South Mountain YMCA

## Health History and Examination Form



**Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
Last First MI

**Session:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex: M or F**

**Contact Information**

Parent or Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**Family Medical Information**

Name of family physician: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of family dentist: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of Insurer: \_\_\_\_\_ Policy # \_\_\_\_\_

Carrier \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**Child Release Authorization**– please list everyone authorized to pick child up (including parents)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**\*\*This must be signed in order for your camper to attend camp\*\***

**Emergency Authorization**

This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted. **Permission to Treat:** I hereby give permission to the medical personnel selected by the camp director to provide routine health care; to administer medications; to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me and my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp. Photos of my child may be used for promotional purposes

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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 .

Vaccine	Month/Year	Month/Year	Month/Year	Month/Year	Month/Year
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)					
TB Mantoux Test: Date of last test _____ Result (Positive or Negative) _____					

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 immunized. Signature \_\_\_\_\_ Date \_\_\_\_\_

**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.)

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

Has/does the camper:

- |  |  |
|--|--|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No          | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No                  |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No                | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 3. Have recurrent/chronic illness? <input type="checkbox"/> Yes <input type="checkbox"/> No  | 13. Had “mono” during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No       |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with menstruation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No             | 15. Have problems sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| 6. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No                   | 16. Have a history of bedwetting? <input type="checkbox"/> Yes <input type="checkbox"/> No               |
| 7. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No                    | 17. Have any skin problems? <input type="checkbox"/> Yes <input type="checkbox"/> No                     |
| 8. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No                   | 18. Wears glasses, contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No                    |
| 9. Ever had back/joint problems? <input type="checkbox"/> Yes <input type="checkbox"/> No    | 19. Had asthma/wheezing/shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No    |

Please explain “Yes” answers in the space below. (Please attach additional sheets with camper name/age if needed.)

**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)

Please explain “Yes” answers in the space below. The camp may contact you for additional information.

**Restrictions:**

- I have reviewed the program and activities of camp and feel the camper can participate without restrictions.
- I have reviewed the program and activities of camp and feel the camper can participate with the following restrictions or adaptations.

- Medications:**  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 and natural remedies. We require that all medications are in the original pharmacy container with the camper’s name and physician’s prescription. Please provide enough medication to last the entire time while at camp.

Medication	Route	Dosage	Schedule and Indications	Comments:

**The following non-prescription medications are available in our Health Lodge. Our medical staff provide them for campers on an as needed basis to manage illness and injury. Please cross out those the camper should NOT be given.**

- |  |   |
|--|---|
| Acetaminophen (Tylenol)                | Sore Throat Spray   |
| Ibuprofen (Advil, Motrin)              | Bacitracin/First Aid Cream                                |
| Robitussin                             | Antacid (Mylanta, Tums, Pepto Bismol)                     |
| Pseudoephedrine decongestant (Sudafed) | Aloe  |
| Antihistamine/allergy medicine         | Orasol/Ambesol  |
| Ivy Block/Tecnu                        | Lice Shampoo (Nix)  |
| Calagel, Calamine, Hydrocortisone      | Diphenhydramine antihistamine/allergy medicine (Benadryl) |
| Generic Cough Drops                    | Laxatives for constipation (Ex-Lax)                       |

**To Parent(s)/Guardian(s):** Please complete this section and give a copy of your completed Camper Health History to your child's health-care professional for review.

Camper Name: \_\_\_\_\_

Male       Female      Birth Date: \_\_\_\_\_      Age at camp: \_\_\_\_\_

**Medical Personnel:** Please review the CAMPER HEALTH HISTORY form and complete remaining sections of this form. Attach additional information if needed.

Physical exam done today:  Yes  No (If "No" date of last physical: \_\_\_\_\_)

**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)

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

**Medications:**  No daily medications  Will take the following prescribed medications while at camp:

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

**"I have reviewed the Camper Health History Form 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 otherwise noted above).**

\_\_\_\_\_  
Name of licensed provider (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

Office Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_      Date: \_\_\_\_\_

**South Mountain YMCA  
Hold Harmless Agreement  
2010**

I, as a parent or guardian of this camper, understand that South Mountain YMCA takes reasonable precautions to insure that South Mountain YMCA programs and activities are conducted by qualified personnel in a safe and responsible manner. However, I further understand that these activities involve certain risks and may include but are not limited to: horseback riding (including the inability to predict a horse's reaction to sound, movement, objects or animals, and the inability to predict the hazards of surface/subsurface conditions), ropes courses, climbing, zipline, swimming, water sports, land sports, target sports (including archery, trap, riflery, .BB's), overnight camping, boating, bicycling, hiking, amusement park rides, bus trips, weather conditions, plants, insects and rugged terrain. I recognize these risks and agree to assume these risks by allowing my camper to attend South Mountain YMCA and participate in these programs. I hereby release, indemnify and hold harmless South Mountain YMCA, their officers, agents and employees from all liability for damage, injury, death or illness to my camper or his/her property relating to or deriving from my camper's presence at South Mountain YMCA or South Mountain YMCA sponsored trips and activities whether arising from an act or omission, negligent or otherwise, to the fullest extent permitted by law.

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 South Mountain YMCA program.

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian (signature): \_\_\_\_\_ Date\_\_\_\_\_

**PLEASE REVIEW AND SIGN BOTH SIDES OF THIS PAPER! THANK YOU!**

## South Mountain YMCA Memo of Understanding

To be read, understood and signed by Camper and Parent/Guardian

We welcome you to our YMCA summer camp programs. In order to provide the best possible camp experience for everyone, there are certain rules and policies that have been established for the health, safety and welfare of all involved. The camper listed below agrees to abide by the following:

1. Campers are not allowed to smoke, chew tobacco or possess any smoking materials, alcohol or illegal drugs.
2. All prescription and over the counter medications must be kept in the health lodge under the control of the camp nurse.
3. Campers are not to possess or use firecrackers or explosives. Campers may not keep weapons of any kind.
4. Willful destruction of property will be the financial responsibility of the camper's parent/guardian.
5. Campers may not leave camp property or established boundaries of camp without YMCA staff permission and supervision.
6. Continued inappropriate behavior, including threatening, swearing, not following directions, bullying, teasing, sexual harassment/intimidation and improper behavior in transportation vehicles, may result in immediate dismissal from camp without refund.
7. In today's world of technology we understand the connection that people have to cell phones in every day life. South Mountain YMCA has determined camp to be a **CELL PHONE FREE** program for our campers. We strive to role model the values of caring, honesty, respect and responsibility and we expect parents to help ensure that campers do not bring cell phones to camp for the safety and well being of all children.
8. Photos of my child may be used for promotional purposes.
9. The YMCA is not responsible for articles of clothing or personal belongings lost or damaged.

We reserve the right and WILL send ANYONE home (at parent's expense and liability) who violates these rules. It is the responsibility of the parent/guardian to pick up or arrange transportation home for the camper. The camp administrator reserves the right to determine what constitutes a violation of these rules and will enforce them as necessary.

Camper Name \_\_\_\_\_

Date \_\_\_\_\_

Camper Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE REVIEW AND SIGN BOTH SIDES OF THIS PAPER! THANK YOU!**