



Please check each of the camps your child will be attending. This info sheet MUST be filled out one week prior to camp your child will be attending.

- Day
- Science
- Sports
- Art
- Resident
- Adventure Club
- Off to Camp Stayover
- Discover Outdoor
- \_\_\_\_\_

### Camper Information Form \*please fill out reverse side for Resident Camps

Camper's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age as of June 1, 2019 \_\_\_\_\_ Gender  Male  Female

Parent/Guardian \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Email Address \_\_\_\_\_

In case of **EMERGENCY** the following person could be notified:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Your child will be required to check out with camp staff each day. In addition to above listed parents, ONLY those listed below will be allowed to sign out camper. If for some reason someone other than those listed need to pick your child up at camp we will need either written permission from the custodial parent/guardian or you may contact the Camp Director to make those arrangements.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Is there anyone NOT allowed to pick camper up? \_\_\_\_\_

#### MEDICAL Information:

Camper's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medications \_\_\_\_\_

Last Tetanus Immunization \_\_\_\_\_

Food/Other allergies \_\_\_\_\_

#### INSURANCE Information:

Is the camper covered by family medical/hospital insurance?  Yes  No

Medical Insurance Carrier or plan name \_\_\_\_\_ Policy ID \_\_\_\_\_

Name of insured \_\_\_\_\_ Relationship to camper \_\_\_\_\_

I understand that there are inherent risks involved with summer camps. However, in case of medical emergency, I understand that every effort will be made to contact the parents/guardians of the camper. In the event that I cannot be reached, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and order medical attention for my child.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

I give permission and consent to allow photographs of my child (above) to be taken during camp session activities. I further give permission and consent that any such photographs may be published and used by Sheridan County YMCA.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

YMCA Summer Camping is a highly active program that requires the cooperation of all involved. For your enjoyment, please report to camp physically and mentally prepared for the activities involved.  
**The Camp Director reserves the right to encourage campers to be involved only in those camps for which they are prepared.**



# Camper Information Form Resident Camp

This info sheet MUST be filled out one week prior to camp your child will be attending.

## TRANSPORTATION/PICK-UP

**Camper MUST have recent camper information sheet filled out and turned into front desk prior to riding the bus.**

My camper will ride the Y bus to camp on Sunday:  Yes  No

My camper will ride the Y bus home at the conclusion of this week:  Yes  No

On check out day ONLY those listed below will be allowed to sign out camper. If for some reason someone other than those listed need to pick your child up at camp we will need either written permission from the custodial parent/guardian or you may contact camp to make those arrangements.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Is there anyone NOT allowed to pick camper up? \_\_\_\_\_

Please list past medical treatment if any \_\_\_\_\_

## PERMISSION TO ADMINISTER MEDICATION

Complete this information if your child will be needing medication while at camp. Please bring the medication in the original pharmacy container.

Medication: \_\_\_\_\_ Dose \_\_\_\_\_

Days/dates to be given \_\_\_\_\_

Circle time to be given: Breakfast Lunch Dinner Bedtime Other \_\_\_\_\_

Medication: \_\_\_\_\_ Dose \_\_\_\_\_

Days/dates to be given \_\_\_\_\_

Circle time to be given: Breakfast Lunch Dinner Bedtime Other \_\_\_\_\_

## ALLERGIES

Medication allergies (list) \_\_\_\_\_

Food allergies (list) \_\_\_\_\_

Please visit with camp directors prior to your child arriving to camp if there are specific food allergies; lactose intolerance, gluten-free. This will allow us the opportunity to prepare meals accordingly.

Other allergies (list) include insect stings, hay fever, asthma, animal dander, etc.

\_\_\_\_\_  
**Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_