

**YMCA CAMP SHAVER**  
**PARENT INFORMATION PACKET**

The following information should be helpful to you and your camper in preparing for his or her stay at Camp Shaver. Please contact the Camp Shaver Office at **(505)892-0966** if questions arise concerning registration, fees, and financial aid. **PLEASE RETAIN PAGES 1 THROUGH 5 OF THIS PACKET FOR YOUR INFORMATION INCLUDING THE WHAT TO BRING CHECKLIST. PAGES 6 THROUGH 13 NEED TO BE RETURNED TO THE CAMP OFFICE.**

The following are included in this packet:

1. Information and Instructions/What To Bring To Camp (Pages 1 – 5)
2. Parent Confidential Information and Health History Form (Pages 6 – 9, FORMS A & B)
3. Physical Exam Form (completed by licensed Physician only) (10 – 11, FORM C)
4. Permission to Administer Medication Form. (Page 12, FORM D)
5. Van/Transportation Permission Form. (Page 13, FORM E)

**THE FOLLOWING FORMS MUST BE COMPLETED AND RETURNED, WITH PAYMENT IN FULL, TO THE CAMP OFFICE TWO WEEKS PRIOR TO YOUR CHILD'S FIRST DAY AT CAMP SHAVER. ALL FORMS WILL BE KEPT CONFIDENTIAL.**

Parent Confidential Information: The information you provide on this form will help us better understand and help your child during his or her stay at camp. Please make sure you list three separate emergency contacts and phone numbers on this form. This form is also useful for expressing concerns/issues the Camp Staff should be aware of as well as cabin mate requests your camper may have.

Health History Form: This form provides the Camp Staff with a general health history of the camper and is to be completed by the camper's parent or guardian. **Please be sure to provide the information requested about your insurance.**

Physical Exam Form: **ALL CAMPERS MUST HAVE A MEDICAL EXAMINATION BY A LICENSED PHYSICIAN TO ATTEND CAMP.** A form is included in this packet for the physician to complete and sign. A copy of a previously signed Physicians Release form will be accepted **ONLY** if the time between the exam and the child's scheduled stay at camp **DOES NOT EXCEED SIX MONTHS.**

Permission to Administer Medication: This form must be signed and filled out **for all campers** in order for our staff to administer **non-prescription and prescription** medication throughout the week if needed. If your child does have prescription medication or non-prescription medicine that they will be taking at camp, use this form to tell us what medicine they will be taking and the frequency and dosages. **OUR STAFF AND HEALTH CARE PROFESSIONAL CAN ONLY ADMINISTER MEDICINE IF WE HAVE BEEN GIVEN PERMISSION TO DO SO BY THE PARENT/GUARDIAN. STAFF CANNOT ADMINISTER MEDICINE THAT IS NOT IN ITS ORIGINAL CONTAINER. I CANNOT STRESS ENOUGH THAT WE WILL NOT ADMINISTER ANY MEDICATIONS, VITAMINS, HOMEOPATHEIC AND HERBAL REMEDIES, ETC., WITHOUT THE PROPER DOCUMENTATION AND ORIGINAL CONTAINER!**

Van/Transportation Permission Form: **This form must be filled out for all campers, whether they are riding the camp van or not.** This allows us to transport in case of emergency. The dates should include the start and end dates of the camper's session. Without this form, your child cannot ride on the van **at any time!**

**CAMP OFFICE MAILING ADDRESS WHERE FORMS AND PAYMENTS ARE TO BE RETURNED:**

YMCA Camp Shaver  
1005 21<sup>st</sup> St. SE  
Rio Rancho, NM 87124

## Camp Registration and Payments:

1. Registration: A **\$75.00 NON-REFUNDABLE**, deposit is required for **EACH** session to reserve your child's place. The deposit will be applied towards the total camp fee. Included in the fee is a YMCA Basic Membership valid for one year. If your child is already a member subtract \$41.00 from the total cost of camp.
2. Payment of Balance: The balance of the total camp fee **MUST** be received at the Camp **Office PRIOR TO YOUR CHILD'S FIRST DAY AT CAMP!!!**

3 Camp Fee: YMCA Camp Shaver has a 3 Tiered pricing structure

**Why 3 prices?:** Realizing that families have differing abilities to pay for a camp experience, we have instituted a voluntary 3-tier pricing program. Please take a moment to look at the rate descriptions and determine which one your family is able and willing to pay for your child's camp experience. This is strictly an honor system: select the fees that are right for your family. **This program is voluntary and in no way influences the experience children receive.**

**\$525** - This fee is based on the actual cost to operate camp programs including wear and tear and depreciation

**\$475** - This fee is partially subsidized and does not include wear and tear and depreciation

**\$425** - this is our traditionally subsidized rate and does not reflect the true cost of operating camp programs

If you plan to have your child remain at the campsite between two consecutive sessions, there will be an additional fee of **\$30.00** (per each interim period) Stay over Fee.

The fee for the **LITs** is **\$850.00** for program Members and **\$672** for Full-privilege Members.

Since each LIT session is a three week session, they do not need to pay the \$30 stay-over fee for the weekends during the LIT session. There is a 10% discount for a second child and a 20% discount for a third child available. These discounts must be requested and only apply to siblings living in the same household.

**This discount can not be used in conjunction with any other discount or financial aid.**

4. Membership Fee: **All Camp participants are YMCA members. The Membership fee is included in your camper's tuition, no additional fee is required.**

## Camp Store:

The Camp Shaver Store offers a wide variety of camp incidentals and is a great place for snacks and socializing. It is suggested that campers and parents open a Camp Store account upon arrival at camp. An additional \$15.00 - \$25.00 for the Camp Store is recommended. **CAMPERS MAY NOT KEEP THEIR OWN MONEY WHILE AT CAMP.** If campers are found with money they will be asked to deposit it in the Camp Store or leave it with the Camp Director for safekeeping. Campers will be able to receive a refund for money not spent at the Camp Store **ONLY IF IT EXCEEDS \$10.00**. Please allow two - three weeks for processing from the end of the camper's session to receive the refund. All amounts under \$10.00 will be considered a much appreciated charitable donation, to our scholarship fund.

## Transportation:

**We hope all parents and guardians are able to bring their children to camp and use this opportunity to meet the staff and acquaint themselves with Camp Shaver's surroundings. Camp Shaver does not provide transportation to or from camp. If you have a problem getting your child to or from camp please call The camp office. We will try to help get you in contact with another parent in your area that may be willing to carpool.**

\*CAMPERS NOT PICKED UP BY 12:30 P.M. WILL HAVE A CHARGE OF \$30.00 APPLIED TO THEIR ACCOUNT!

### **Where is Camp Shaver?**

From I-25 take Exit 242 at Bernalillo and head West on Rte. 550 for 24 miles. At San Ysidro, head North on Hwy 4. Camp Shaver is located 4 miles north of Jemez Springs on Hwy 4. The camp is at the same turn off as the US Forest Service Battleship Rock Picnic Area (just before mile-marker 23). Take a right into Battleship Rock Picnic Area, another right onto Camp Shaver Lane., and you will drive right into Camp. Please refer to the camp brochure for more specific information about getting to camp. **Please note that the gate will be closed and no cars will be admitted to the grounds until 1:00 P.M. on Sunday and 9:30 A.M. on Saturday.**

### **Arrival Times:**

All regular camp sessions **begin on Sunday**. Campers should arrive on Sunday no earlier than 12:30 p.m. but prior to 3:30 p.m. **Camp Shaver does not open it's gate prior to 1:00 p.m., as counselors are busy preparing for the new session.** Campers must be at camp by 3:30 PM so they can attend the orientation and camp tour. The first meal will be on Sunday evening at 5:30 p.m., so please make sure your child eats lunch prior to arriving at camp.

### **Registration Check-in:**

**Registration check-in will be in the camp's dining hall.** Counselors and CITs will be available to sign campers in and assist them with moving into the cabins and getting settled. The Health Care Manager will also be there to receive any medication(s), vitamins, herbal and homeopathic remedies brought to camp and to receive any other medical instructions for those campers requiring special medical attention.

### **Departure Times:**

On closing day, which is **Saturday** for all sessions, campers will be packed and ready to leave by 10:00 AM. At 10:00 we will have a brief closing program in the dining hall when we will recognize "camper of the week" for each cabin and "Cabin of the week" followed by a short slide show of the week (*program should last approximately 20 minutes*) **Please be aware that the camp gate will remain locked until 9:30 a.m.** **If there are extenuating circumstances for an early pick-up, it must be approved by and arranged with the Camp Director no later than the day of check-in.** **Campers MUST be picked up no later than 12:30 pm. LATE PICK-UPS WILL BE CHARGED AN ADDITONAL \$30.00 LATE PICK-UP FEE STARTING AT 12:30 P.M.**

### **Cabin Assignments:**

All Cabin assignments are based on age. Campers are assigned to a cabin of up to twelve campers. A Senior Counselor and a Junior Counselor are assigned to each cabin as well. Requests for friends (must be within 2 year of age) to be placed in the same cabin will be *strongly considered*, **though there is no guarantee**. All cabin assignments are made in advance, so be sure to fill out the cabin-mate request information in this packet if your child would like to request a bunkmate. Cabins are typically separated by ages 7 - 9, 10 - 12, & 13 - 14.

### **Visitors to Camp:**

**THERE ARE NO SCHEDULED VISITING DAYS DURING THE ENTIRE CAMPING PERIOD.** This is done in order to minimize the potential problems of homesickness, which can affect campers of all ages. The time will go by rapidly for the busy camper, thus it is requested that there be no visiting or phone calls.

It is suggested that parents or guardians spend time with their campers on opening day, walk around camp, meet the staff and then **leave the camper cheerfully, not tearfully!**

If a visit to camp is necessary due to an emergency, please make arrangements with the Camp Director in advance by calling Camp Shaver directly at (575) 829-3572. **Parents, guardians and relatives should not call the camp directly for any reason other than an emergency.** **Campers may not only use the telephone.** If parents or guardians require any assistance or information while their child is at camp please call Camp Shaver at (575)829-3572 or the director's personal phone at (505) 480-7417

**Homesickness:**

Some children **do** experience homesickness. This is a normal part of growing up, particularly if your child is leaving home for the first time. Please, **DO NOT** tell your child, **“If you get homesick, I will come and get you.”** Adjustments **do** need to be made by some children to camp life, ***but this is just one of the values of the camp experience and part of growing up!*** Camp Shaver is known for its friendly atmosphere and fair handling of campers. This is one reason why so many campers return year after year. Homesickness is often overcome quickly as the camper becomes more involved in the excitement of the camp’s activities and the making of new friends. Be encouraging and positive to your child and tell them you will be proud of their achievement with their stay at Camp Shaver.

**Letters and Packages:**

Throughout the week and during “rest periods,” campers are encouraged to write home. It would be helpful to provide your camper with writing paper, pens and pencils, and self-addressed, stamped envelopes. Stamps and stationary supplies are available for purchase at the Camp Store.

**Any letters and packages sent to the campers must be sent to the actual camp address:**

(CAMPER’S NAME)  
c/o YMCA CAMP SHAVER  
22900 HIGHWAY 4  
JEMEZ SPRINGS, NM 87025

**Character Counts! and Behaving Appropriately:**

YMCA Camp Shaver believes **Character Counts!** A community of character is the foundation to a safe, healthy and caring environment. Character Counts defines a person of character as one who is trustworthy, treats people with respect, is responsible, fair, caring, and a good citizen. We feel strongly about character development at Camp Shaver. All campers are expected to behave and model all the Pillars of Character Counts!

If a camper’s behavior is harmful to themselves, to others at camp, or is disruptive to the camp program, the Camp Director **RESERVES THE RIGHT TO DISMISS THAT CAMPER**. Parents or guardians will be responsible for ***immediately*** picking the child up from camp. **No refunds will be given for dismissal from camp due to behavioral problems or neglect of camp rules and regulations!!!**

**Insurance:**

All campers are covered by Accident Insurance. (does not include coverage for illness)

**Financial Aid:**

Financial Aid is available to those families that qualify. Families may receive up to a 70% reduction in the camp fee based on a sliding scale. Stay Over fee’s **are not** covered by financial aid. Financial aid will be given for up to two regular or one LIT session for a single child family. Families with more than one child interested in attending camp may receive one session of financial aid per child. To be considered, all applications for financial aid must be received no later than one month before the camp session requested. **All applicant’s receiving financial aid must pay the \$75 deposit in full to reserve their session at Camp Shaver.** All applications will be reviewed and approved by the Executive Director. Please be sure to provide all of the requested information to expedite your application. For more information on financial aid please contact the director of Camp Shaver Phil Beam (505)480-7417.

**Refunds/Cancellations:**

Refunds for the Camper Fee will be granted to individuals only if a cancellation is made 2 weeks before the camper’s scheduled arrival. **The membership fee and deposit are non-refundable.** Camp Shaver reserves the right to cancel a camp session(s) as it sees fit. If this is deemed necessary we will make every effort to give parents as much notice as possible. We will reschedule your child’s session for a different date or provide a complete refund of charges if we make a cancellation of a session. Reasons for cancellation include (but are not limited to): environmental concerns, climate concerns, low enrollment, etc.

## WHAT TO BRING TO CAMP

This is a *suggested* list of items to bring to camp for a week long stay. It is only meant to be a guide and is not absolute. Adjustments may be made depending on the individual camper and length of stay. Please use your own best judgment. Your camper may want to bring this list to camp and use it to double check items when packing again to return home.

We strongly suggest that parents or guardians send OLD CLOTHES to camp with your camper. VALUABLES SHOULD BE LEFT AT HOME (money, expensive watches, jewelry, radios, etc.). Although every effort is made to insure the safety of all belongings, **WE CANNOT AND WILL NOT BE RESPONSIBLE FOR LOST, STOLEN OR DAMAGED ITEMS.** PLEASE MARK EACH ITEM WITH THE CAMPER'S NAME OR A SPECIAL SYMBOL! It is suggested that the markings be made unique and that initials are not used, as children in the same cabin may have the same initials.

### **DO NOT ALLOW YOUR CAMPER TO BRING THE FOLLOWING ITEMS:**

**FOOD, CANDY, OR FLAVORED BEVERAGES (THESE WILL ALL BE PROVIDED THROUGH MEALS AND THE CAMP STORE), KNIVES, MATCHES, FIREWORKS, VALUABLES OF ANY KIND, VIDEO GAMES, RADIO/CASSETTE PLAYERS, CELL PHONES, OR ANY OTHER ELECTRICAL APPLIANCES.** THESE ITEMS WILL BE CONFISCATED IF FOUND AND WILL NOT BE RETURNED TO THE CAMPER UNTIL THE END OF THE SESSION. **FOOD AND BEVERAGES WILL BE MADE AVAILABLE TO THE CAMPER AT CAMP STORE TIME.** ANY MONEY BROUGHT TO CAMP WILL BE COLLECTED BY THE CAMP DIRECTOR AND APPLIED TO THE CAMP STORE ACCOUNT. WE **STRONGLY** ENCOURAGE YOU TO DEPOSIT AN ALLOWANCE FOR YOUR CAMPER INTO THE CAMP STORE ACCOUNT! NO PERSONAL FIREARMS INCLUDING BOWS, BB/PELLET GUNS, RIFLE, HANDGUNS ETC. ANY CHILD FOUND IN POSSESSION OF SUCH ITEMS WILL BE REMOVED FROM CAMP PROGRAMS AND SENT HOME

ALL items brought to camp will go home dirty, tie dyed, ripped or all of the above. Please send older clothes.

#### SLEEPING AND STORAGE

- \_\_\_ SHEETS/BLANKETS FOR A SINGLE BED
- \_\_\_ COMPACTABLE SLEEPING BAG
- \_\_\_ CARRY BAG
- \_\_\_ PILLOW/CASE
- \_\_\_ LAUNDRY BAG
- \_\_\_ TRUNK/FOOTLOCKER/DUFFEL BAG

#### TOILETRIES

- \_\_\_ 2 TO 3 OLD TOWELS
- \_\_\_ WASH CLOTH
- \_\_\_ SOAP/SHAMPOO
- \_\_\_ TOOTHPASTE/BRUSH
- \_\_\_ COMB/BRUSH
- \_\_\_ SUN SCREEN

#### CLOTHING (OLD)

- \_\_\_ HIKING SHOES
- \_\_\_ TENNIS SHOES
- \_\_\_ OLD TENNIS SHOES FOR WATER
- \_\_\_ 2 BLUE JEANS
- \_\_\_ 3 SHORTS/CUT-OFFS
- \_\_\_ 2 LONG SLEEVE SHIRTS
- \_\_\_ 6 T-SHIRTS
- \_\_\_ 1 SWEATSHIRT
- \_\_\_ 1 LIGHT JACKET/SWEATER
- \_\_\_ 7 UNDERWEAR
- \_\_\_ 7 SOCKS
- \_\_\_ 1 PAJAMAS
- \_\_\_ 1 SWIM SUIT

#### MISCELLANEOUS ITEMS

- \_\_\_ FLASHLIGHT
- \_\_\_ CANTEEN/WATER BOTTLE
- \_\_\_ PEN/WRITING PAPER
- \_\_\_ STAMPED ENVELOPES
- \_\_\_ INSECT REPELLENT
- \_\_\_ BACKPACK
- \_\_\_ FISHING GEAR (optional)
- \_\_\_ READING MATERIAL
- \_\_\_ FACIAL TISSUE
- \_\_\_ GROUND COVER (plastic)
- \_\_\_ RAIN GEAR (poncho)
- \_\_\_ LAUNDRY DETERGENT (if staying more than 1 week)

**Fishing:** All campers twelve years of age and older who are planning to fish MUST HAVE A VALID STATE FISHING LICENSE AND TROUT STAMP. Campers ages 12 and 13 require a **Junior** License and Trout Stamp, while campers 14 and older require a **Regular** License and Trout stamp.

**PARENT CONFIDENTIAL INFORMATION**

**FORM A**

Child's **full** name \_\_\_\_\_ Age \_\_\_\_\_

Does your child prefer a nickname? \_\_\_\_\_ Home phone \_\_\_\_\_

Birthdate \_\_\_\_\_ School grade in the fall '09 \_\_\_\_\_ Camp session(s) \_\_\_\_\_

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

Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Hm. Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Occupation \_\_\_\_\_ Wk. Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Hm. Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Occupation \_\_\_\_\_ Wk. Phone \_\_\_\_\_

Are either Parent/Guardian a Camp Alumni? Yes/No Is so, who?/If not, do you know someone that is?  
\_\_\_\_\_

Who will be at home during your child's stay at camp? \_\_\_\_\_

If no one will be at home, specify **YOUR** alternate address and phone #:  
\_\_\_\_\_  
\_\_\_\_\_

**Please** list **three** responsible parties that can act on behalf of the parent/guardians if you cannot be reached:

- 1. Name \_\_\_\_\_ phone (hm.) \_\_\_\_\_ (wk.) \_\_\_\_\_
- 2. Name \_\_\_\_\_ phone (hm.) \_\_\_\_\_ (wk.) \_\_\_\_\_
- 3. Name \_\_\_\_\_ phone (hm.) \_\_\_\_\_ (wk.) \_\_\_\_\_

List 3 person(s) other than the parent/guardians authorized to pick up camper from camp. **Only those 6 listed on this form will be allowed to do so. Camp personnel will ask for proper identification.**

- 1. Name \_\_\_\_\_ phone (hm.) \_\_\_\_\_ (wk.) \_\_\_\_\_
- 2. Name \_\_\_\_\_ phone (hm.) \_\_\_\_\_ (wk.) \_\_\_\_\_
- 3. Name \_\_\_\_\_ phone (hm.) \_\_\_\_\_ (wk.) \_\_\_\_\_

Has your child ever been to camp before? If so, when, where, and for how long?  
\_\_\_\_\_  
\_\_\_\_\_

How does your child feel about going to camp? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope your child will gain from this experience and what skills do you hope he/she will develop?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child swim? \_\_\_\_\_ At what level? \_\_\_\_\_  
\_\_\_\_\_

**FORM A**

What does your child do in his/her spare time? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does he/she usually play with others the same age? \_\_\_\_\_

Does your child have a cabin mate(s) request? If so, please list both first and last names. **(must be within 2 years of your child's age)** \_\_\_\_\_

Does he/she get along well with others? \_\_\_\_\_

Does your child ever wet the bed? \_\_\_\_\_ What methods have been effective in preventing this from happening? \_\_\_\_\_  
\_\_\_\_\_

What types of concerns, if any, should the counselors be aware of with your child while at camp (i.e. sleepwalking)?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any additional comments/suggestions that you feel will help your child and the counselors while at camp? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will your child be required to take medication(s) while at camp? Please specify type(s) and dosage(s).  
\_\_\_\_\_  
\_\_\_\_\_

(If so, please add and expand upon this information of the attached Permission to Administer Medication form.)

**IMPORTANT – THIS BOX MUST BE COMPLETED FOR ATTENDANCE**

I hereby request that my child be accepted to attend YMCA Camp Shaver. I understand and am aware that my child will be participating in many physical activities and that the potential for accidents does exist. In consideration of acceptance to Camp Shaver:

- I indemnify and hold harmless Camp Shaver, the YMCA of Central NM and/or its staff and representatives from any and all liability, claims, damage, injury or illness sustained by my child during any camp activity, on and off the camp property and while in any camp vehicle, and
- I grant permission for Camp Shaver to provide or obtain medical attention for my child in the event of sickness or injury, and
- I agree that Camp Shaver may photograph or video tape my child for use in promotional materials and that a list of camper addresses will be made available to campers at the end of each session, and
- I grant permission to transport my child in an emergency.
- I/We parent(s)/guardian(s) have read and agree to follow the responsibilities described above and in the Parent Packet.

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

# Health History & Examination Form for camper and staff attending YMCA Camp Shaver

**FORM B**

Information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. (Both front and back of this page to be completed by parent or guardian of minor.)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Last                      First                      Initial

Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street & Number/City/State/Zip                      Area/Number

Business \_\_\_\_\_ Phone \_\_\_\_\_  
Street & Number/City/State/Zip                      Area/Number

Second Parent or Guardian or Emergency Contact \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street & Number/City/State/Zip                      Area/Number

Business \_\_\_\_\_ Phone \_\_\_\_\_  
Street & Number/City/State/Zip                      Area/Number

If not available in an emergency, notify:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street & Number/City/State/Zip                      Area/Number

<b>Health History</b> <i>(Check/Give approximate dates.)</i>	<b>Diseases</b> <i>(Check/Give approximate dates.)</i>	<b>Allergies</b> <i>(Dates not needed.)</i>
<input type="checkbox"/> Frequent Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Convulsions/Epilepsy <input type="checkbox"/> Diabetes <input type="checkbox"/> Bleeding/Clotting Disorders <input type="checkbox"/> Hypertension <input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hay Fever <input type="checkbox"/> Ivy Poisoning, etc. <input type="checkbox"/> Insect Stings <input type="checkbox"/> Penicillin <input type="checkbox"/> Other Drugs <input type="checkbox"/> Asthma <input type="checkbox"/> Other ( <i>Specify</i> ) <input type="checkbox"/> _____

Operations or serious injuries (*dates*) \_\_\_\_\_

Chronic or recurring illness or medical condition \_\_\_\_\_

*Please Note: Camp Shaver will try to accommodate special diets from the food stores available. We cannot make special meals or purchases.*

Dietary restrictions \_\_\_\_\_

**Chlorine is used in the camp water system but IODINE will be used to purify water on the overnight campout away from the campsite.** Is your child iodine sensitive or does he/she have thyroid problems?

**FORM B**

Current medications (send with instructions) \_\_\_\_\_  
\_\_\_\_\_

Other diseases \_\_\_\_\_  
\_\_\_\_\_

Name of dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Do you carry family medical/hospital insurance?  No  Yes Carrier \_\_\_\_\_

Policy/Group #s \_\_\_\_\_ / \_\_\_\_\_ Carriers contact number/hotline \_\_\_\_\_

Suggestions on health-related issues for camp personnel \_\_\_\_\_

For female: Has this person menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_

If so, is her menstrual history normal? \_\_\_\_\_ Special consideration \_\_\_\_\_

**\*IMPORTANT – THIS BOX MUST BE COMPLETED FOR ATTENDANCE\***

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. **Authorization for Treatment:** I hereby give permission to the medical personnel selected by the camp director to order X-ray, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. I realize that in an emergency where my child needs to be transported to a offsite medical facility, the camp will attempt to contact me before my child is transported. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp.

Signature of parent or guardian \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

*\*If any reason you cannot sign this, then please contact the director for a legal waiver which must be signed prior to attendance.*

**HEALTH CARE RECOMMENDATIONS BY LICENSED PHYSICIAN**

Staff/Child's name \_\_\_\_\_  
*First/MI/Last*

I have examined the above camp/staff applicant within the past six months. Date examined \_\_\_\_\_

In my opinion, the condition of the child named above o does / o does not preclude his/her participation in an active camp program.

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

**Immunization History**

Please record the date (month/year) of basic immunizations and most recent booster doses.

Vaccines	Month/Year of Basic Immunization	Month/Year of Last Booster
Diphtheria Pertussis (Whooping Cough) } DPT Tetanus Or		
Tetanus Diphtheria } TD Or		
Tetanus		
Oral Polio (Sabin) TOPV		
Injectable Polio (Salk)		
Measles (hard measles, red measles, Rubeola)		
Mumps		
Rubella (German measles, 3-day measles)		
Other		
Tuberculin test given (most recent) _____		
Haemophilus influenza b (HIB)		
Hepatitis B		

The applicant is under the care of a physician for the following condition(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

Current treatment (*include current medications*) \_\_\_\_\_  
 \_\_\_\_\_

Explanation of any reported loss of consciousness, convulsion or concussion \_\_\_\_\_  
 \_\_\_\_\_

- Does applicant have epilepsy?   o Yes   o No
- Does applicant have diabetes?   o Yes   o No
- Does the applicant have any behavioral disorders?   o Yes   o No

**FORM C**

**Recommendations and Restrictions While at Camp**

Any treatment to be continued at camp \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any medication to be administered at camp (*specific dosages*) \_\_\_\_\_  
\_\_\_\_\_

Any medically prescribed meal plan or dietary restrictions \_\_\_\_\_  
\_\_\_\_\_

Any allergies (*food, drugs, plants, insects, etc.*) \_\_\_\_\_  
\_\_\_\_\_

Activities to be encouraged or limited \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional health information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- The Administration of YMCA Camp Shaver, and the Medical Advisors for Camp Shaver, strongly discourage giving "breaks" or "vacations" from medications while at Camp Shaver, especially behavioral modification medications. Staff are often put into new and challenging situations, and that can introduce a new "stress" on a person, making behavior management more difficult.

**Licensed Physician's Signature** \_\_\_\_\_

Address \_\_\_\_\_ **Phone** \_\_\_\_\_  
*Street & Number/City/State/Zip* *Area/Number*

Date of form completion \_\_\_\_\_ By\* \_\_\_\_\_

*\*Initial if completed by nurse practitioner/physician's assistant.*

**PERMISSION TO ADMINISTER MEDICATIONS**

(To be filled out for **all** campers)

Child's Name \_\_\_\_\_

Prescription Medication \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Prescription Medication \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Prescription Medication \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Prescription Medication \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

**Please note any allergies your child may have to over-the-counter medications, or special instructions that should be communicated to the Health Care Manager and Camp Shaver Staff in regards to the distribution of medications to your child:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission to the Camp Shaver Registered Nurse (RN) Health Care Manager, or a designated staff member (assigned by the Camp Director or Health Care Manager), to administer the above prescription medications to my child. I also authorize the Camp Shaver RN Health Care Manager, or a designated staff member, to administer over-the-counter medications for the treatment of colds, flues, allergies, first aid needs, upset stomachs, pain, irritation and/or itching. I recognize that in the administration of the above medications, there is an inherent possibility that adverse reactions may occur. If an adverse reaction occurs, I authorize the YMCA to take the necessary steps to ensure my child's safety. I will not hold YMCA Camp Shaver or the YMCA of Central New Mexico liable for any unanticipated adverse reactions to the above-prescribed medications or over-the-counter medications. **I understand that all medications, prescriptions, vitamins, herbal or homeopathic remedies, OR OVER-THE-COUNTER, must be in the original containers.**

Signature of Parent/Guardian \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

### Van/Transportation Permission Form

(To be filled out for all campers)

I grant permission for my child, \_\_\_\_\_ to ride the YMCA Camp  
(please PRINT child's name here)

van from \_\_\_\_\_ through \_\_\_\_\_  
(session start date) (last date of attendance)

I recognize that there are risks involved in allowing my child to ride the YMCA Camp Shaver van. I hereby release and hold YMCA Camp Shaver, the YMCA of Central NM, and all employees, volunteers, board members, and agents of the YMCA of Central New Mexico harmless from any liability for any physical or other injury or harm suffered by my child as a result of being transported as described below. I accept responsibility to this agreement by checking the appropriate boxes to transport my child and my printed name and signature below.

- My Child has permission to ride the van for a field trip or an emergency.
- My Child **CANNOT** ride the van for any reason other than an emergency.

\_\_\_\_\_  
Parent/Guardian Printed Name

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

\_\_\_\_\_  
Date