Office Use Only
Inhaler
Epi Pen
Meds at camp

Supplemental Information for YMCA of Central Ohio

Name:	

Food

Food Allergies / Diet Restrictions	
Favorite Food	

Physical Health

Favorite Sport or Physical Activity:			
Camp can be a physically demanding environment. Are there any physical limitations that would prevent the camper from fully participating in the camp program?			☐Yes ☐No
Limitations:			
Swimming Ability of camper	☐Non-Swimmer	☐Beginner	☐Advanced
Is the camper up-to-date on all immunizations: ☐Yes ☐No ***If no, please attach immunization record or waiver*			Date of last tetanus shot:

Mental, Emotional, and Social Health

Has the camper….

1 Been treated for attention deficit behavior (ADD) or attention deficit / hyperactivity disorder? (ADHD)	☐Yes ☐No
2 Ever been treated for emotional or behavior difficulties?	☐Yes ☐No
3 Does your child take medication during the school year?	☐Yes ☐No
4 During the past 12 months, seen a professional to address mental/emotional health concerns?	☐Yes ☐No
5 Had a significant life event that continues to affect the camper's life? (History of family change, adoption, new sibling, death of loved one, relocating, divorce, etc.)	☐Yes ☐No

Please explain "Yes" answers in the space below, noting the number of the question. The camp may contact you for more information.

Camper easily interacts to	Own age kids ☐	Younger children ☐	Older children ☐	Adults ☐	All Ages ☐
Camper has difficulty	Own age kids ☐	Younger children ☐	Older children ☐	Adults ☐	All Ages ☐

Are there any effective strategies that you use to redirect the child's behavior?	

What have we forgotten to ask? Please provide in the space below any additional information about the camper that you think is important or that may affect the camper's ability to fully participate in the camp program