



**Greenwood Family  
YMCA  
Afterschool Program  
Parent Handbook  
2008-2009**

**REVISED 7/15/2008**

1760 Calhoun Road · Greenwood, South Carolina 29649  
864-223-9622 · fax: 864-223-5425

**Greenwood Family YMCA**  
**We build strong kids,**  
**strong families, strong communities.**

July 15, 2008

Dear Parents,

I would like to take this time to welcome you to our YMCA Afterschool Program! We are very excited that your child will be joining us this year, either as a new or returning participant. The YMCA Afterschool Program allows children to grow personally, to clarify values, develop specific skills, improve personal and family relationships, become better leaders, appreciate diversity and most of all to HAVE FUN! The YMCA is committed to family life, helping members grow and function together so they can make the best of their own unique family. Our program is designed to be more than just supervision. Our challenge is to demonstrate caring, honesty, respect, and responsibility in everything we do. Our Afterschool Program provides the perfect balance of fun, learning, and physical development in a safe and value-centered atmosphere. We encourage you to inquire about all our school age programs, as well as our scholarship assistance. At this time we are busy processing registration forms and preparing for the new school year. We look forward to an exciting year of growth, both in our program and your child. Please carefully read through all the information contained in this packet. This is important for you to know for the safety and wellbeing of your child. For our returning parents, there have been many changes, so please make note.

Thank you for your support in our efforts to bring you quality child care. Please do not hesitate to contact me if you have any additional questions or concerns. I can be reached at 223-9622 or by emailing [bdeloach@greenwoodymca.org](mailto:bdeloach@greenwoodymca.org).

I look forward to a great year!

Sincerely,

Beth DeLoach  
Family Services Director

**1760 Calhoun Road • Greenwood, South Carolina 29649**  
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# **General Information**

## **YMCA MISSION STATEMENT**

*Our mission is to put Christian principles into practice through programs that build a healthy spirit, mind, and body for all.*

## **GENERAL INFORMATION**

The Afterschool Program will run Monday - Friday beginning **August 18, 2008 through June 5, 2009**. This includes Inservice Days with the exception of Easter and Christmas Camps.

## **HOURS OF OPERATION**

**Days & Times:** Monday - Friday End of School - 6:00pm.

## **SCHOOLS SERVED**

This program is designed for children in grades K5 - 8. The Afterschool Program transports children from the following Greenwood schools to the YMCA:

Hodges Elementary	Lakeview Elementary	
Mathews Elementary	Merrywood Elementary	Oakland Elementary
Pinecrest Elementary	Springfield Elementary	Woodfields Elementary
Brewer Middle	Northside Middle	Westview Middle

***The YMCA requires a minimum enrollment of 6 participants from any specific school route to maintain the program. Afterschool routes may be combined to meet this requirement.***

## **ABOUT OUR STAFF**

Our staff is made up of mature and enthusiastic individuals who help us provide a quality, safe and enjoyable program. We recruit our staff through local churches, high schools, and area colleges. Reference checks have been conducted, documented, and filed on all employees working with children. A criminal background check is required for all staff who work with children. We also provide them with extensive training prior to the start of a new school year. All of our staff are certified in CPR and First Aid. The adult to child ratio is 1:15 with at least two adults on the premises at all times. We take pride in the high expectations we set for our staff each year and evaluate them on a regular basis. If you have any questions, comments, or concerns, please contact the Family Services Director.

**It is against YMCA Policy for their employees to be alone with children they meet in the YMCA Afterschool Program outside of the afterschool hours. This includes baby-sitting, sleepovers, and inviting a child to a staff member's home.**

**ALL YMCA AFTERSCHOOL STAFF ARE REQUIRED BY LAW TO REPORT ANY SUSPICION OF CHILD ABUSE OR NEGLECT. WE WILL PROTECT ALL CHILDREN FROM ABUSE OR NEGLECT WHILE ENROLLED IN OUR PROGRAM.**

# Program Content

Our program is to encourage our children to develop in spirit, mind and body. To provide that, we have prepared a daily curriculum with a wide variety of activities including: KidzLit, daily devotions, rock climbing, fit kids, organized games, homework help, arts & crafts, recreational swim, character development, and service learning opportunities.

## DAILY DEVOTIONS AND PRAYER

In the context of our program we will have a daily devotion. This devotion will generally take place at the beginning of our Afterschool day and will be geared toward teaching the YMCA character development traits (Honesty, Caring, Respect, and Responsibility). This will usually be followed by a prayer or blessing for the day. Children may lead these activities if they wish.

## HOMEWORK HELP

Homework support, often requested by parents and encouraged by schools, is a part of our school-age program. This year we will have a required 20 minute time slot for homework in their groups. If your child does not have homework, during this time they must read or draw, but this is a **“Quiet Time”**. After this time, if your child has not completed their homework, they will then be moved to the homework room. In the YMCA homework center, program staff provide a time and a place and support in helping children complete homework. **The hours for the homework room are 3:45pm- 5:00 pm Monday through Thursday.** There is no homework room on Fridays. If your child has not completed their homework by 5:00 they will have to finish at home.

## KIDZLIT

Literacy, a core component in YMCA after-school learning, is just one way the Y can help support a child's success in school without extending the school day with academic activities. Literacy includes reading, writing, speaking, gathering information, using information, thinking critically, understanding others, and expressing oneself. With YMCA KidzLit, it helps get kids excited about books. The program gets kids talking, reading, and writing about the issues good books raise. Books and discussions also encourage kids to think about how to apply lessons from books to their own lives. Lessons are structured around discussions of how characters within stories act and the choices they make. Writing, drama, and art activities reinforce and further explore the ideas raised in the discussions.

## ROCK CLIMBING

Each week, afterschool participants have scheduled time to climb the YMCA's indoor climbing wall under the strict supervision of highly trained staff. In order to climb, they must have a climbing waiver on file.

## RECREATIONAL SWIM

All participants in the Afterschool Program will have the opportunity to swim every Friday. Please send a swimsuit and towel with your child on Fridays.

## SERVICE LEARNING

Service-learning is a deliberate process through which people of all ages and in all parts of the YMCA can develop their skills, knowledge, and civic awareness while making meaningful contributions to their communities. It encourages civic responsibility, volunteering, leadership skills, and character development. Service-learning projects will be anything from a coat drive to painting a mural at the Y, to helping younger kids with homework. You will be notified of all service projects in the monthly newsletter.

# **Program Content Continued**

## **CHARACTER DEVELOPMENT**

In today's challenging and complex world, children need reinforcement of positive values even when they're away from home. YMCA school-age care programs take character development seriously by incorporating the values of caring, honesty, respect, and responsibility into play, learning and social activities. Through consistent teaching, modeling, reinforcement, and practice, staff help children demonstrate and accept positive values.

## **SNACKS**

The Afterschool Program provides a sound, wholesome snack for the children. We feel that the children must maintain a healthy body and mind in order to grow successfully. We try to accommodate special dietary needs and food allergies. We ask that you not send snacks from home, unless your child has special dietary needs that we can not accommodate. You must notify the Family Services Director in cases such as this.

## **FIT KIDS**

Building strong bodies is a part of the YMCA history. YMCA school-age staff work closely with Y fitness staff to help design a program where children fully participate in health, wellness, and physical activities. This discipline is a powerful character tool that builds an ethic of hard work and goal setting. Young bodies develop better when health and physical activity are a regular part of their daily life.

# Payment Policies / Procedures

## FEES

	<b>Y-Member</b>	<b>Non-Member</b>
Registration Fee:	\$ 50.00	\$ 50.00
Weekly Rates:	\$ 54.00	\$ 79.00 (BANK DRAFT ONLY)

\* Fees will be reviewed annually and may be increased or reduced based on supply costs, wage laws, and inflation.

\* \$5.00 off for each additional sibling enrolled in the program.

\* Inservice days are included in the fees.

## PAYMENTS

Weekly tuition payments for afterschool can be made through direct bank draft only. Tuition is due each week regardless if the child attends or not. Failure to do this will forfeit your child's spot in the afterschool program. If you choose to take your child out of the program and return before the school year is over, you must pay the registration fee again.

## LATE PAYMENTS

All payments must be drafted the Friday prior to the week you child attends to avoid any late fees.

## CREDITS / REFUNDS

All credit/refund requests must be submitted in writing to the Family Services Director. No requests will be considered without a doctor's note or valid reason. Credit is not transferable to other YMCA programs or membership fees. Refunds are not issued for absentees.

## NSF POLICY

There is a \$30.00 return fee charged to each bank draft. After three returned items we will only accept cash, credit cards, money orders, or certified checks for payments. All returns need to be taken care of before your child will be permitted to return to the program.

## TAX INFORMATION

Please keep your receipts for tax purposes. The YMCA's federal tax I.D. # is 57-0365088.

## LATE PICKUP POLICY

Parents who arrive past the 6:00pm closing time, will be assessed **\$1.00 PER MINUTE, PER CHILD LATE PICK UP FEE**. This fee is due upon picking up your child. After 3 late arrivals, you will be asked to make other arrangements. Failure to pay this amount will result in removal from the program. For consistency, the program will use the YMCA's clock located in the Family Fun Zone for time reference.

**If a child has not been picked up by 7:00pm and no authorized person has been reached, the local police will be notified. This may result in termination from the program.**

## FINANCIAL ASSISTANCE PROGRAM

YMCA Afterschool Program provides quality care at an affordable rate. Financial assistance is available to those who qualify. It is on a first come first serve basis and are limited due to funds being made available through United Way and local YMCA contributors. Applications for assistance are available at the front desk. Please keep in mind, it takes 2-3 weeks to know what you have been awarded. Full amount will need to be paid until financial assistance goes into effect.

# Miscellaneous Policies / Procedures

## WITHDRAWAL PROCEDURES

A parent or guardian may choose at any point throughout the year to withdraw their child. The YMCA requires a two week written notice and a bank draft cancelation form. **Weekly fees are still the responsibility of the parent or guardian if adequate notice is not given.** The YMCA reserves the right to remove participants from the program if they are unable or unwilling to conform to safety rules and/or program guidelines and all reasonable alternatives for behavior management have been exhausted.

## INSERVICE DAYS

When there is no school, this is the program we run. **There is no additional charge for participants in our afterschool program to their weekly afterschool payment. The only exceptions to this are Christmas Camp, Easter Camp and Summer Day Camp.** (Please see below under Camps for more information.) This program is not available on New Year's Day, Labor Day, Thanksgiving Day, and Christmas Day. Inservice Days will be conducted at the YMCA from 7:00am-6:00pm. Activities will include field trips, organized games, rock climbing, and recreational swimming. Participants must bring two snacks, lunch including a drink, and swimming attire. Refrigeration is not available. An Afterschool Registration Form must be filled out on each child. **NOTE:** If you are not registered in our Afterschool Program there is an additional charge. Please see under Payments.

## CAMPS

	<b>Y-Member</b>	<b>Non-Member</b>
Christmas Camp	<b>\$100.00/Week</b>	<b>\$120.00/Week</b>
Easter Camp	<b>\$90.00/Week</b>	<b>\$110.00/Week</b>
Summer Day Camp: 5 - 12Year Olds	<b>\$90.00/Week</b>	<b>\$110.00/Week</b>

## ATTENDANCE

Attendance is checked before leaving the school to be sure your child is present. If your child was in school, but did not appear at the pick up point, and has not been found after a reasonable amount of time, you will be called. All children are expected to go directly to their pickup location. It is extremely important that you instruct your child to go immediately to the pickup location. Please inform your child's teacher, in writing, that your child is attending the YMCA program, and they will assist us in loading them into our vans. In addition to this your child will be checked in again, daily once they have arrive at the YMCA.

## DEPARTURES

On the registration form you will be asked to choose a code word for your child. This is **VERY IMPORTANT**, this word will serve as a code which all persons designated to pick up your child will need to know. It is the parent/guardian's responsibility to give the code word to those individuals authorized to pick up your child. Participants will not be released to anyone who does not know your code word. If you are sending someone to pick up your child who is not on the authorized list, please call or send a note and make sure that person knows the code word.

## INCLEMENT WEATHER

The YMCA Afterschool Program will make every effort to operate when schools are closed due to inclement weather. The program will run from 7:00am until 6:00pm. Children must be sent with two snacks, a lunch, and swimming supplies (towel, suit, etc.).

# **Miscellaneous Policies / Procedures Continued**

## **AFTERNOON PICK-UP (4:30pm - 6pm)**

Cars should pull into the pick-up line where a YMCA representative will check for the child's password and then, the child will be called and brought to the parent once belongings are collected. No child will be released to anyone that does not know the password or cannot provide photo identification to verify their authorization to pickup, as noted on the registration form. Parents/Guardians may add names to the to the authorized pick-up list by contacting the Family Services Director.

## **CUSTODY ISSUES**

In cases of separation or divorced parents, unless a court decree or separation documents are on file expressly forbidding such parent to pick the child up, the YMCA must release the child to the other parent. The court decree must be specific to the rights of visitation. The court document must be certified copy. These documents need to be turned into the Family Services Director. If a YMCA staff member believes that a parent is intoxicated when they arrive to pick up their child, they will detain the child until an alternate plan can be arranged for the safe transportation of the child and parent.

## **MEDICAL INFORMATION**

If your child is sick or will not be attending the program, please call the YMCA and let the front desk know your child's name, school they attend and their illness. Please don't rely on the school to inform our staff of sick children. If your child becomes sick while attending our program, we will contact you right away. Please make sure that all emergency numbers are current, and updated when changes occur. These numbers must be updated in writing to the Family Services Director.

## **HEAD LICE**

A child with head lice will be asked to leave the program until treatment has been received. Appropriate documentation must accompany your child when returning to our program.

## **MEDICATION**

Any medication given to a child during any of our programs must be in its original container with the child's name on it, and we must have a Medication Release for Dispensing Form completed and signed by the legal parent or guardian of the child. This form must accompany all medication or your child will not be allowed to receive it. This form is available at the childcare desk.

- The YMCA staff is not allowed to give the first dosage of medication.
- The YMCA staff is not permitted to give medication to control or contain fever.
- The YMCA staff may dispense ONLY PRESCRIPTION MEDICATION.
- If a child is ill or has a medical situation (i.e. lice) during our program, the child will need to be picked up immediately.

## **SAFETY**

All efforts are made to insure the safety of all children enrolled in our Afterschool Program. First Aid supplies are maintained at every site and on all vehicles. Emergency data is kept on file for every child enrolled, including persons who are authorized to pick up each child. No child is ever left unattended or unsupervised. All emergencies and accidents will be handled, and the parents or guardian will be notified either by phone or in writing. Minor accidents (cuts, bruises, etc.) will be treated by our staff trained in First Aid.

# **Miscellaneous Policies / Procedures Continued**

## **BEHAVIOR MANAGEMENT**

We believe children learn self-control from behaving appropriately, responsibly, and when they are treated with dignity and respect. We guide them by setting clear, consistent, fair limits for their behavior. We value mistakes as learning opportunities and a way of redirecting to a more acceptable behavior. We take the time to make eye to eye contact and listen when they talk about their feelings and frustrations. We use effective praise that is immediate, sincere and specific directions in a positive fashion. If the inappropriate behavior continues, a behavior report will be written and discussed with parents or guardian. If a child receives three written behavior reports in any school year, the child will be suspended from the program for a stated amount of time. If the severity of a problem is great enough, termination from the program will be effective immediately. The Family Services Director will consult with the Senior Program Director and then notify the parents with the decision. **Credits and or refunds will not be given.** Parental misconduct towards the staff and program (i.e. threats, harassment, swearing, or pickup violations) will result in the termination of your child from our program.

**AT NO TIME WILL BEHAVIOR MANAGEMENT INCLUDE DEPRIVATION OF FOOD, A CHILD LEFT WITHOUT SUPERVISION, SUBJECTING A CHILD TO RIDICULE OR THREATS, EXCESSIVE PHYSICAL EXERCISE, SPANKING OR HITTING A CHILD.**

## **PARENT INVOLMENT**

It is crucial to our program and the growth of your child for all parents to be involved. We need your comments, input and ideas on how to make our Afterschool Program better to serve you and your child. Evaluation cards will be handed out several times during the school year. Please take the time to fill out the card and return it to the YMCA Afterschool Program promptly. The Family Services Director reads each and every suggestion and with the Parent Advisory Board will take it into consideration. This allows us to make the necessary changes in the program and to recognize staff who are providing outstanding service to you and your family in our program. We ask that you visit our program and talk to our leaders or the Director about the program. Let us know about the special successes your child is experiencing. In our efforts to maintain communication with parents, our Afterschool Program will hand out various newsletters, reports, and other important information in the car line. It will contain important dates, special program updates, participants of the month, and much more. Please inform us of any problems they are experiencing at home (i.e. pet's death, parent divorcing, fight with sibling, etc.). This will enable us to better meet the needs of your child. Remember we are here to help in any way we can!

## **PARENT ADVISORY BOARD**

This board is designed to help promote the YMCA Afterschool Program. This is where your input can help make a difference. This board meets once every nine weeks. If you are interested in being on this board, please contact the Family Services Director. The YMCA is committed to working in partnership with parents and the school system to build strong kids, strong families, and strong communities.

## **LOST & FOUND**

Please remember to label everything! This will minimize the opportunity for your child to lose an item at the YMCA. Lost and Found is kept in the Afterschool Program area. Please ask **AFTERSCHOOL STAFF TO ASSIST YOU** in locating the lost and found. Once **FULL**, items are donated and taken to a local shelter. The YMCA is not responsible for lost or stolen items!

# Behavior Management

It is our goal to provide a healthy, safe and secure environment for all participants. The YMCA teaches the core values of caring, honesty, respect, and responsibility. Children who attend the program are expected to follow the behavior guidelines and to interact appropriately in a group setting.

## **Behavior Guidelines**

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- **Honesty** will be the basis for all relationships and interactions.
- We will **care** for ourselves and those around us.
- We **respect** each other and the environment.
- People are **responsible** for their actions.

When a participant does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the participant to more appropriate behavior.
2. The child will be reminded of the behavior guidelines and program rules, and a discussion will take place.
3. If the behavior persists, a parent will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action taken.
5. Staff will schedule a conference with the parent so they can determine the appropriate action to take.
6. Staff will schedule a progress check or a follow-up conference.
7. If the problem persists, staff will schedule a conference that includes the parent, participant, staff, and director. The director will have all documentation and notes from the previous conferences for review.
8. If a child's behavior at any time threatens the immediate safety of that child, other children, or staff, the parent may be notified and expected to pick up the child immediately.
9. If problem persists and the child continues to disrupt the program, the YMCA reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations.

The following behaviors are not acceptable and may result in the immediate suspension of a student for the remainder of the current day and the next day:

- Endangering the health and safety of children and/or staff, members, and volunteers
- Stealing or damaging YMCA or personal property
- Leaving the program without permission
- Continuing to disrupt the program
- Refusing to follow the behavior guidelines or afterschool rules
- Using profanity, vulgarity, or obscenity frequently
- Acting in a lewd manner

If any of these behaviors persist, staff may suspend the student a second time before expulsion.

Immediate expulsion may occur if a student is in the possession of and/or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.

## **Parent & Participant Signatures Required**

I have reviewed with my child the Behavior Management Procedures. I understand and agree to all of the terms presented in this document.

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Parent's signature

Date

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Participant's Signature

Date

# YMCA Challenge & Adventure

## Assumption of Risk & Release of Liability

Print participant name: \_\_\_\_\_ Print name of group: Afterschool Childcare Program

**Instructions: Please read this form carefully. Each participant and/or their parent must sign this agreement before the program begins. Without all appropriate signatures, the individual may not be permitted to participate in the program.**

I understand that my participation in programs offered by the Challenge & Adventure Programs at the Greenwood Family YMCA is based on the "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that **my participation is purely voluntary**. At all times I will choose my level of participation in any activity. I have read the Full Value Contract on the back of this agreement and agree to follow the guidelines as presented.

I understand the employees of the Greenwood Family YMCA have received extensive training, and will work to protect the emotional and physical safety of myself and/or my child. I understand that climbing, high ropes course, ground initiatives, and other activities in the Challenge & Adventure Programs at the Greenwood Family YMCA for which I and/or my child take part entails certain risks. I elect to participate in spite of the risks.

**Therefore, for myself / my child, I knowingly and voluntarily assume all risks involved in my participation, and do hereby release the Greenwood Family YMCA and its members, trustees, officers, employees, independent contractors and agents from any and all liability, damages, costs and expenses arising out of or relating to bodily or psychological injury, loss of life or personal property that may occur as a result of participating in this program.**

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

I grant the Greenwood Family YMCA and persons acting through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself for use in materials they may create.

_____ Signature of participant (required)	_____ Date	_____ if participant is under 18, signature of Parent or Legal Guardian is Required.	_____ Date
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Age: \_\_\_\_\_

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

Person to be contacted in case of emergency:

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

# YMCA Health History Form

The information on this form is not part of the student or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to afterschool health care personnel upon participant's arrival. Provide complete information so that the YMCA can be aware of your needs.

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle

Home address \_\_\_\_\_  
Street address City State Zip

Social Security number of participant \_\_\_\_\_ Gender:  Male  Female

Custodial parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_

Home address \_\_\_\_\_  
Street address City State Zip

Business address \_\_\_\_\_ Phone \_\_\_\_\_  
Street address City State Zip

Second parent/guardian or emergency contact \_\_\_\_\_

Home address \_\_\_\_\_ Phone \_\_\_\_\_  
Street address City State Zip

Business address \_\_\_\_\_ Phone \_\_\_\_\_  
Street address City State Zip

If not available in an emergency, notify \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Home address \_\_\_\_\_  
Street address City State Zip

**Insurance Information**  
 Is the participant covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

► Photocopy of front and back of health insurance card must be attached to this form.

### Important – These boxes must be complete for attendance

**Parent/Guardian Authorizations:** This health history is correct and complete as far as I know, and the person herein described has permission to engage in all activities except those noted.

I hereby give permission to the YMCA staff to provide routine health care, administer prescribed medication, and seek emergency medical treatment including ordering x-rays or routine tests. I agree the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the YMCA to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the afterschool to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips.

Signature of parent of guardian or adult student/staffer \_\_\_\_\_

Printed name \_\_\_\_\_ Date \_\_\_\_\_

I also understand and agree to abide by any restrictions placed on my participation in activities.

Signature of minor or adult student/staffer \_\_\_\_\_ Date \_\_\_\_\_

<b>ALLERGIES</b> List all known	Describe reaction and management of the reaction.
Medication allergies (list)	
_____	_____
_____	_____
Food allergies (list)	
_____	_____
_____	_____
Other allergies (list) – include insect stings, hay fever, asthma, animal dander, etc.	
_____	_____
_____	_____

**MEDICATIONS BEING TAKEN**

Please list ALL medications (including over-the-counter or non prescription drugs) taken routinely. Bring enough medication to last the entire week of afterschool. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person **takes NO medications** on a routine basis. OR  This person **takes medications** as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
 Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
 Reason for taking \_\_\_\_\_

Attach addition pages for more medications.  
 Identify any medications taken during the school year that participant does/may not take during the summer: \_\_\_\_\_

**RESTRICTIONS** (The following restrictions apply to this individual.)

Does not eat:  Red meat  Pork  Dairy products  Poultry  Seafood  Eggs  Other (describe \_\_\_\_\_)

Explain "yes" answers below.)

- |  |  |                          |
|--|--|--------------------------|
| 1. Had any recent injury, illness or infectious disease?..... <input type="checkbox"/> | 16. Ever had back problems?..... <input type="checkbox"/>  | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition?..... <input type="checkbox"/>        | 17. Ever had problems with joints (e.g., knees, ankles)?..... <input type="checkbox"/>                       | <input type="checkbox"/> |
| 3. Ever been hospitalized?..... <input type="checkbox"/>                               | 18. Have an orthodontic appliance being brought to camp?... <input type="checkbox"/>                         | <input type="checkbox"/> |
| 4. Ever had a surgery?..... <input type="checkbox"/>                                   | 19. Have any skin problems (e.g., itching, rash, acne)?..... <input type="checkbox"/>                        | <input type="checkbox"/> |
| 5. Have frequent headaches?..... <input type="checkbox"/>                              | 20. Have diabetes?..... <input type="checkbox"/>   | <input type="checkbox"/> |
| 6. Ever had a head injury?..... <input type="checkbox"/>                               | 21. Have asthma?..... <input type="checkbox"/>   | <input type="checkbox"/> |
| 7. Ever been knocked unconscious?..... <input type="checkbox"/>                        | 22. Had mononucleosis in the past 12 months?..... <input type="checkbox"/>                                   | <input type="checkbox"/> |
| 8. Wear glasses, contacts or protective eye wear?..... <input type="checkbox"/>        | 23. Had problems with diarrhea/constipation?..... <input type="checkbox"/>                                   | <input type="checkbox"/> |
| 9. Ever had frequent ear infections?..... <input type="checkbox"/>                     | 24. Have problems with sleepwalking?..... <input type="checkbox"/>   | <input type="checkbox"/> |
| 10. Ever passed out during or after exercise?..... <input type="checkbox"/>            | 25. If female, have an abnormal menstrual history?..... <input type="checkbox"/>                             | <input type="checkbox"/> |
| 11. Ever been dizzy during or after exercise?..... <input type="checkbox"/>            | 26. Have a history of bed-wetting?..... <input type="checkbox"/>   | <input type="checkbox"/> |
| 12. Ever had seizures?..... <input type="checkbox"/>                                   | 27. Ever had an eating disorder?..... <input type="checkbox"/>   | <input type="checkbox"/> |
| 13. Ever had chest pain during or after exercise?..... <input type="checkbox"/>        | 28. Ever had emotional difficulties for which<br>professional help was sought?..... <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Ever had high blood pressure?..... <input type="checkbox"/>                        |  |                          |
| 15. Ever been diagnosed with a heart murmur?..... <input type="checkbox"/>             |  |                          |

Please explain any "yes" answers, noting the number of questions. \_\_\_\_\_

Which of the following Has the participant had?	Please give all dates of immunization for: Vaccine: Dates:	Mo/Yr				
		Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
Measles	DTP	_____	_____	_____	_____	_____
Chicken pox	TD (tetanus/diphtheria)	_____	_____	_____	_____	_____
German measles	Tetanus	_____	_____	_____	_____	_____
Mumps	Polio	_____	_____	_____	_____	_____
Hepatitis A	MMR	_____	_____	_____	_____	_____
Hepatitis B	or Measles	_____	_____	_____	_____	_____
Hepatitis C	or Mumps	_____	_____	_____	_____	_____
	or Rubella	_____	_____	_____	_____	_____
B Mantoux test	Haemophilus influenza B	_____	_____	_____	_____	_____
Date of last test _____	Hepatitis B	_____	_____	_____	_____	_____
Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Varicella (chicken pox)	_____	_____	_____	_____	_____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health left out which the camp should be aware. \_\_\_\_\_

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

Address \_\_\_\_\_

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

Address \_\_\_\_\_

Screening record (For camp use only)	Screened by _____
Current health needs identified _____	
Observational notes _____	