



Welcome to the 2024 Annual Hayward La Honda Music Camp!!

Mandatory Paperwork

Camp paperwork is due on Registration Day. Please print, complete and bring with you to Camp Registration and Camper Drop-off.

Mandatory paperwork for camp includes:

1. **Camper Health History Form:** a form where we ask you to tell us about your camper's allergies, medications, or any other issues we need to know about to take care of your child. **Note: This form requires a "well-child" signature certifying that your Camper is healthy and illness-free 72 hours prior to Camp.**
2. **Prescription Medication For Campers Form (if applicable):** All medication, both prescription and over-the-counter, must be in its **original packaging**. Prescriptions must be accompanied by physician written orders. Orders must include the camper's full name, dosage amount, delivery times, and any limitations or restrictions. YMCA Jones Gulch and Hayward La Honda Music Camp does not allow Campers to be in possession of medication regardless if this medication is prescribed by a doctor or purchased over-the-counter. Hayward La Honda Music Camp has a Registered Nurse on-site full-time throughout Camp session to distribute medication and ensure your Camper takes as prescribed.
3. **Insurance Information Form*:** please copy your insurance information, usually a card, front and back and attach it to this form.

**If your family does not currently have health insurance coverage, please let us know, we have an alternative form that must be submitted.*

These forms are also available on our website at www.lahondamusiccamp.com.

If you have any questions, please email us at lahondamusiccamp@gmail.com.



CAMPER HEALTH HISTORY FORM

Camper Name: _____

First Middle Last

Birth Date: _____
Month/Day/Year

Ever been hospitalized?	Yes	No	Had fainting or dizziness?	Yes	No
Ever had surgery?	Yes	No	Passed out/had chest pain during exercise?	Yes	No
Have recurrent/chronic illnesses?	Yes	No	Had mononucleosis ("mono") during the past 12 months?	Yes	No
Had a recent infectious disease?	Yes	No	If female, have problems with periods/menstruation?	Yes	No
Had a recent injury?	Yes	No	Have problems with falling asleep/sleepwalking?	Yes	No
Had asthma/wheezing/shortness of breath?	Yes	No	Ever had back/joint problems?	Yes	No
Have diabetes?	Yes	No	Have a history of bedwetting?	Yes	No
Had seizures?	Yes	No	Have problems with diarrhea/constipation?	Yes	No
Had headaches?	Yes	No	Have any skin problems?	Yes	No
Wear glasses, contacts, or protective eyewear?	Yes	No	Traveled outside the country in the past 9 months?	Yes	No

Please explain "Yes" answers in the space below noting the number of the question. Include any orthopedic devices (ie crutches, braces, etc) that will be brought to camp. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

To best care for your camper please answer the following questions thoroughly, has the camper:

Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)?	Yes	No
Ever been treated for emotional or behavioral difficulties or an eating disorder?	Yes	No
During the past 12 months, seen a professional to address mental/emotional health concerns?	Yes	No
Had a significant life event that continues to affect the camper's life? <small>(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)</small>	Yes	No

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

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

Allergies: Yes

No known allergies:

To foods? Yes No List:

To medications: Yes No List:

To the environment (insect stings, hay fever, etc.— list): Yes No List:

Other allergies? Yes No List & Describe previous reactions:

The camper is undergoing treatment at this time for the following conditions (describe below):

The camper has a medically prescribed meal plan or dietary restrictions (describe below):

The camper will require limitations or restrictions to activity while at camp (explain below):



Prescription Medication Form for Campers

Camper Name: Last _____ First _____

Junior camper ___ Senior Camper ___ Cabin (To Be Filled Out By Nurse) _____

I, (parent/guardian) _____, the parent or guardian of the above listed camper, hereby, request that the Hayward La Honda Music Camp Registered Nurse administer the following prescription/s to my child. Medication is generally administered at breakfast, dinner, and before bed. Please make sure you have left enough medication for the entire camp (8 days, 7 nights: Saturday – Saturday). Indicate which time applies and note if another specific time is necessary.

Please give a description and symptoms of the condition that requires the child to take medication.

Possible adverse reactions which staff should be aware of include

How is your child’s attitude about taking medication (e.g. cooperative, resistant, embarrassed, etc.)?

Other special instructions:

****Medications must be in their original containers, labeled, and match the camper’s name!****
****Prescriptions must be for the camper only, not anyone else.****

Signature of Parent/Guardian

____/____/____
Date Signed

******DO NOT MAIL******

Bring this form with medication to the camp nurse during check in. Medication Dosage Daily/As Needed Time of Day Special Notes

- 1.
- 2.
- 3.
- 4.

////////////////////////////////////DO NOT WRITE BELOW LINE //////////////////////////////////////

Med Date Time Dose Medic

Med Date Time Dose Medic

Med Date Time Dose Medic



Medical Insurance ID Card Form

Please Complete:

Participant Name: _____

Phone Number: _____

E-mail Address: _____

Choose One:

_____ Camper

_____ Music Camp Staff

_____ Director

_____ Family of Staff/Director

Front of Card:

A large, empty rectangular box with a black border, intended for uploading an image of the front of the ID card.

(Click inside the box to upload an image)

Back of Card:

A large, empty rectangular box with a black border, intended for uploading an image of the back of the ID card.

(Click inside the box to upload an image)