



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA Youth Development Pre-Camp Health Status Questionnaire

Date: \_\_\_\_\_ Camp Name: \_\_\_\_\_

Camper: \_\_\_\_\_ Parent: \_\_\_\_\_

## **IMPORTANT:**

Parents, to the best of their ability, will be asked to verify that the Health Forms and Histories have been reviewed and all medications are accurately listed and up to date. Be prepared to turn in this questionnaire upon arrival at camp.

## **Instructions**

Prior to attending camp, we request parents, to the best of their knowledge, answer the following questions for you and your camper. We request that you do this prior to leaving home. We will review this form when you arrive at camp.

## **Camper Health Assessment**

In the past 48 hours has your camper or anyone in your household experienced...?

1. Fever (100 degrees Fahrenheit or greater)? ..... Yes / No
2. Sore throat? ..... Yes / No
3. Shortness of breath? ..... Yes / No
4. Diarrhea? ..... Yes / No
5. Cough? ..... Yes / No
6. Muscle aches or lethargy? ..... Yes / No
7. Stomach cramps? ..... Yes / No
8. Nausea? ..... Yes / No

## **Notes**

If you answered "yes" for any of these symptoms, it is best that your child not attend camp for their health and that of other campers.

If your child is sent home with any of these symptoms, they must be symptom-free for 24 hours and obtain a doctor's note before returning to camp.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Reviewing Form: \_\_\_\_\_ Signature: \_\_\_\_\_