



# YMCA CAMP CHANDLER

## SCOUTS & EXPLORERS

**ALL FORMS must be returned to the camp office at least one week before your child's session starts.**

Be sure to include the following items when you return your child's completed packet:

- Parent to Counselor Letter
- Camper to Counselor Letter
  - Camper Policies & Rules
- Parent Authorization Form
- Release and Waiver of Liability Indemnity Agreement
  - Staff Code of Conduct
- ALL 4 Health & Medical Forms

**Submitting Forms: Please return forms by mail or email.**

Mail: YMCA Camp Chandler  
1240 Jordan Dam Rd.  
Wetumpka, AL 36092

Email: [lmaddox@ymcamontgomery.org](mailto:lmaddox@ymcamontgomery.org)  
Office: (334) 229-0035

If you have any questions about your registration packet, please feel free to call our office at (334)229-0035. We look forward to seeing you soon at YMCA Camp Chandler! It's going to be a GREAT summer!



[www.campchandler.org](http://www.campchandler.org)  
1240 Jordan Dam Rd. Wetumpka AL 36092  
334-229-0035 (Office #)



# YMCA CAMP CHANDLER

## Important Information for the Summer

### DIRECTIONS

From **I-65** merge onto the Northern Blvd via Exit 173 toward US-231. Take US-231 N ramp toward Wetumpka (left). Follow US-231 N all the way into Wetumpka. This is approximately 17 miles. You will pass Tutwiler Prison which will be to your right. From Tutwiler you will drive approximately 2 miles. If the road becomes 1 lane, then you have gone too far. You will see a sign for Swayback Bridge Trail, Jordan Dam, and for YMCA Camp Chandler directing you to take a left (Bryson Veterinary Clinic is on the right). Take this left onto Old Hwy 231. Continue straight until you come to the fork in the road. There will be signs again for the Swayback Trail and Camp Chandler directing you to veer left onto Jordan Dam Road. Take that left and follow this road straight to Camp Chandler.

If coming from **I-85 S**, take the Eastern Blvd exit, Exit 6. Turn onto US-231 North. Continue to follow US-231 N and take the US-231 N ramp toward Wetumpka. From US-231 N follow the same directions given above.

### EXPECTATIONS

We want each camper to get the most out of this summer. Having a good attitude and an open mind is key to having a successful time at camp. Campers can expect to learn a lot and have tons of fun. We will give each camper memories that will last a lifetime, they will learn how to work as a team, problem solve, and what it means to be caring, honest, respectful, and responsible. All while becoming closer with God.

### CHECK-IN

**Scouts:** 2–3 PM on the Sunday of your child's session.

**Explorers:** 9–10 AM on the Wednesday of your child's session.

**No early arrivals, please.** Check-in is a drive-thru process. Be prepared to stop at the following stations.

- Temperature Check/Medical Questions
- Cabin Assignment and Forms
- Medical Check-in & Camp Shirt

**Remember, check-in will move smoother and faster if camper forms are turned into the camp office ahead of time.**

You will now drive to your campers cabin.

Counselors will help unload camper's belongings and help them setup their bunk. Parents are more than welcome to enter cabins. Please feel free to take pictures!!!

### Camp Fever and Health Screening Policy

One step we take to keep camp healthy and safe is to screen each person that comes to overnight camp. All campers will have their temperature taken at check-in by our medical staff. Campers with a fever, designated at 100.4°F or higher, will not be allowed to begin their camp experience at that time. Campers must be cleared by a doctor and fever free for 36 hours before returning to camp. This very necessary step is taken to ensure all campers are given an opportunity to experience a healthy and safe summer camp.

### LICE CHECK

Campers will be screened for lice prior to cabin entry. (a lice outbreak can cause a full shutdown of camp operations so we must take this important step seriously). If your camper is found to have lice or nits, they must leave camp immediately, and will not be permitted to return until the camper has documented clearance by a doctor.



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# YMCA CAMP CHANDLER

## Keeping In Touch

### MAIL & PACKAGES

We all enjoy opening the mailbox to see a personal letter from a friend or family member, and your child is no different. An encouraging note from Mom or Dad or a package of goodies to share with the cabin from Grandma and Grandpa is sure to add some excitement to the day.

If you would like your child to send letters home, it is a good idea to send pre-stamped and pre-addressed envelopes along with pencil and paper.

### TELEPHONE

Some parents may wish to speak with their child during the session, but we do not allow campers to receive or place phone calls while at camp. Feel free to call our office if you have any questions or concerns. Parents can call the Camp Director at (770) 910-5022 to check on their child. Any message that needs to be given to campers will be done through our directors. **Cell phones are strictly prohibited.** Please do not send them with your child, they will be taken up.

### EMERGENCIES

If an emergency should occur and you need to get in touch with one of our directors, please call (770) 910-5022. We will notify parents immediately if any emergency occurs with your child while at camp.

### CAMP STORE

We provide a variety of snacks including granola bars, chips, crackers, candy, soda, Powerade and water. Your child's store money is already included in his or her camp tuition. Each child will receive a drink and a snack daily at their store visits.

### EMAIL (Called "Bunk Notes")

Campers can receive email messages sent via Bunk1.com. Log into Bunk1 through the camp website by clicking on the camper email and photo banner on the main page. Parents must

register for this service the first time and use the code given out at check-in. Bunk Notes are compiled at 5pm and distributed at dinner each day, **Monday through Thursday.**

### PHOTOS

This is a great way to see your child having a fun time at camp! Photos can be accessed through Bunk1.com. Pictures are uploaded to Bunk1 each evening and can be viewed by parents registered with Bunk1 using the camp-distributed pre-approval code. Be sure to take home our Bunk1 info sheet from check-in.

### VISITATION

Because your child's safety is our utmost concern, **we do not allow visitors into our camp.** Please contact the Camp Director at (770) 910-5022 with any special circumstances.

### CAMP INFIRMARY

We strive to make sure your child's camp experience is accident and illness free. Should either of these occur, you can feel confident in placing your child under our care and supervision. Staff at Camp Chandler are first aid and CPR certified. Each week there will be a registered doctor, nurse, or EMT at camp. All medications must be checked in at registration. Please send only the amount of medicine needed during your child's stay. All medications must be in the original container in order to be dispensed by our staff. Non-prescription drugs will require a parent, guardian, or individual physician's signature. Bring any medications and detailed instructions for our staff with you to the check-in table. **Don't forget to retrieve your child's medication at check-out.**



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# YMCA CAMP CHANDLER

## Packing List

- 3-4 pairs of underwear
- 1 pair of long pants
- 3-4 t-shirts
- 3-4 sets of shorts
- 3-4 pairs of socks
- Poncho/Rain Jacket
- 1 pair of sneakers
- Shower shoes/flip flops
- Boots or closed-toed shoes (required for horseback)
- 1-2 pair of pajamas
- 1-2 swimsuits
- Sleeping bag/bedding
- Twin fitted sheet
- Pillow/pillowcase
- Laundry bag
- Flashlight with batteries
- **NO Cell Phones**
- 1-2 bathing towels
- Beach towel
- 2 washcloths

- Soap/soap dish
- Toothbrush/toothpaste
- Comb or hairbrush
- Shampoo/conditioner
- A shower caddy to carry items to bathhouse
- Sunscreen
- Insect repellent
- Sunglasses
- Hat
- Bible
- Books for rest period
- Letter writing materials and postage
- Water bottle
- Tacky outfit for Tacky Dance (**SCOUTS ONLY**)
  - \* Each week will feature tacky dress at the Camp Party. Campers are encouraged to bring a tacky outfit for the Party, but remember that just about anything can look tacky with the right touch. FUN is the real theme each week and the Camp Chandler staff is ready to make each camper's experience the best possible!

**We strongly encourage you to write your child's name on all of their belongings.**

### **ITEMS TO LEAVE AT HOME**

**CELL PHONES**, knives, firearms, fireworks, trading cards, animals and pets, **CELL PHONES**, items of sentimental or monetary value, and all forms of "tech-toys" (cell phones, tablets, **CELL PHONES**, gaming consoles, etc.).

We encourage our campers to be unplugged while at camp, and hope you can honor this request. Any of these prohibited items brought to camp will be collected by our directors, and returned at the end of the session. **Please note that cell phones are prohibited!**

**Alcohol, Tobacco, Vapes, E-Cigs and Illegal Drugs are not allowed on camp grounds.**

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Camp Chandler *does not accept* responsibility for personal property. Personal sports equipment may not be brought to camp without prior approval and consent of Camp Director in accordance to camp policy.



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# YMCA CAMP CHANDLER

## -Parent to Counselor Letter-

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All information below will be shared with your child's counselor, but will remain confidential from all other campers. Your cooperation in providing complete information on this form will help us to more effectively meet the needs of your child.

Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Nickname \_\_\_\_\_ Birth Date: \_\_\_\_\_

Grade (in coming Fall): \_\_\_\_\_ Session(s) your child is attending: \_\_\_\_\_

Has your child been away from home overnight before? \_\_\_\_\_

Has your child been to camp before?  Yes  No

Has your child been to Camp Chandler before?  Yes  No If yes, how many years? \_\_\_\_\_

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

What would you like your child to gain from his or her camp experience? \_\_\_\_\_

What chores does your child do at home? \_\_\_\_\_

What does your child do in his or her free time? \_\_\_\_\_

Can your child swim?  Yes  No

Is your child afraid of the dark?  Yes  No

Does your child sleepwalk?  Yes  No

Does your child ever wet the bed?  Yes  No

If yes, what are your suggestions to help avoid the bedwetting? \_\_\_\_\_

Does your child have any fears or concerns we should be aware of? \_\_\_\_\_

If so, how can we help him/her to have a good experience? \_\_\_\_\_

Does your child have any special dietary needs? \_\_\_\_\_

Things my child is allergic to: \_\_\_\_\_

Are there any special concerns that you would like our staff to be aware of? \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

# YMCA CAMP CHANDLER

## -Camper to Counselor Letter-

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Are you ready for camp? We are, and we would like to get to know you a little better before you get here! Take just a few minutes and fill out this letter; it will help us to plan many activities for you and your cabin mates. Get ready, this summer will be an experience that will last a lifetime!

My name is \_\_\_\_\_, but my friends call me \_\_\_\_\_.

Some things that I really enjoy doing are \_\_\_\_\_,  
\_\_\_\_\_ and \_\_\_\_\_.

My favorite subject at school is \_\_\_\_\_.

Most of my friends say that I am \_\_\_\_\_.

If you were to ask my best friend about me, they would say that I \_\_\_\_\_  
\_\_\_\_\_.

My best friends are people who \_\_\_\_\_.

I am coming to Camp Chandler because \_\_\_\_\_.

I think my favorite camp activity will be \_\_\_\_\_.

I think it would be fun if my cabin could do \_\_\_\_\_ as a camp activity.

As my counselor, I would like you to know \_\_\_\_\_  
\_\_\_\_\_.

One thing I really want to accomplish while I am at camp is \_\_\_\_\_  
\_\_\_\_\_.

I understand that I am coming to YMCA Camp Chandler to develop new skills, be a good friend, and have a great time. I understand that there are camp rules that I must follow in order for everyone to have fun. I agree to follow the YMCA Camp Chandler rules including being considerate of my cabin mates, cooperating with my counselors, and practicing good health habits.

Camper Signature: \_\_\_\_\_

# YMCA CAMP CHANDLER

## -Camper Policies & Rules-

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### Discipline Policy:

Our first goal as a staff is to prevent behavioral issues before they become a larger issue. Counselors take time to help campers get to know each other. Together they discuss expectations and appropriate behavior while developing cabin rules and consequences.

When campers exhibit behaviors which are not acceptable at camp, our staff are trained to execute steps in addressing mild, medium, high level, and zero tolerance behaviors. We do our best to execute restorative justice techniques when possible and take written reports to document, follow-up, and support all parties involved in the incident.

In more drastic cases, if it is not safe or logical to keep a camper at camp any longer, we will call the campers parent/guardian to let them know that their camper's behavior prohibits them from remaining at camp. In this situation, the parent/guardian will have to pick up the camper from camp within 2 hours. We will not provide refunds of any kind if your camper leaves camp early for not following camp rules.

While dismissal from camp is rare, it can and has happened. It is a very difficult situation for the camper, the family, and our camp staff.

### Some Examples of High-Level Behaviors or Conflicts and Zero Tolerance Behaviors, Which Could Lead to Removal From Camp:

Persistently exhibiting misbehaviors of any level with no positive behavior change.

Breaking the terms of the behavior contract.

Bullying or making the space unsafe for other campers/staff in any way.

High level of disrespectful behavior, such as cursing out a camper/staff or making fun of someone for their personality, possessions, race, gender, body, ability, economic status, etc.

Touching others without consent on purpose or repeatedly.

Emotionally or mentally hysterical/inconsolable beyond what camp staff are equipped to address.

Stealing

### Zero Tolerance Behaviors- (Will lead to immediate dismissal from camp):

Suicidal or a danger to themselves or others.

Purposeful property damage

Bringing/doing drugs, alcohol, illegal or illicit substances or items at camp.

Physical fighting or the threat of physical harm to others.

Harassment of any kind!

Other instances as determined by the director.

**Search and Seizure** In the event that staff members suspects a camper has a prohibited, unsafe, or stolen item in their possession, a Director shall have the right to perform a search and seizure. The search will be performed in the presence of a director and at least one other staff witness. If a camper refuses the search, it is grounds for dismissal from camp. **Please read over our Rules with your Camper and sign and date below stating that you understand these rules and the consequences if any of these rules are broken.**

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

Camper Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# YMCA CAMP CHANDLER

## Scouts & Explorers 2024 - Parent Authorization

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The safety of your child is of the utmost importance to us. This form is designed to avoid confusion during the check-out process. Complete only the top portion of this form, and please return this form at least two weeks prior to your child's arrival at camp. The bottom portion will be filled out on check-out day by you and the Camp Chandler staff. The camp intends to follow your instructions.

Camper's Name: \_\_\_\_\_

Session: \_\_\_\_\_

The above named camper will be picked up at Camp Chandler by the following person:

Please Print Name: \_\_\_\_\_

OR, the people listed below have my permission to pick up the above named camper at Camp Chandler:

Name

Relationship

_____	_____
_____	_____
_____	_____

I agree to protect Camp Chandler, the YMCA, and their employees from any liability (including attorney's fees) for following my instructions.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

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### Sign-Out Section: For Use at End of Camp Session

A photo ID is required of the person picking up camper. The adult must be one of the persons listed above for authorized release of your camper.

The person named above, picked up the camper named above:

**\*Please do NOT sign until camper is checked out at the end of their session\***

Date: \_\_\_\_\_

Authorized Release Signature: \_\_\_\_\_

Camp Chandler Staff Signature: \_\_\_\_\_



# YMCA CAMP CHANDLER

## Scouts & Explorers 2024 – Release and Waiver of Liability and Indemnity Agreement

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In consideration for being permitted to utilize the facilities, services and programs of The Young Men's Christian Association of Montgomery, Inc. ("YMCA"), the undersigned, on behalf of himself or herself and his or her heirs, personal representatives and next-of-kin, does hereby agree to the following:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its successors and assigns, and its directors, officers, employees, and agents (collectively, the Releasees) from any and all claims, demands, damages, actions, causes of actions, or suits of whatever kind or nature arising or resulting from any loss or damage to property or injury or death to person, whether caused by the negligence of Releasees or otherwise, while he or she is in, upon, or about the premises of the YMCA or using any of its facilities, services or equipment, or participating in any program or activity offered by or affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage, or cost they may incur, whether caused by the negligence of the Releasees or otherwise, due to his or her presence in, upon, or about the premises of the YMCA or use of its facilities, services or equipment, or participation in any program or activity offered by or affiliated with the YMCA.
3. THE UNDERSIGNED HEREBY EXPRESSLY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, whether caused by the negligence of Releasees or otherwise, while he or she is in, upon, or about the premises of the YMCA or using any of its facilities, services or equipment, or participating in any program or activity offered by or affiliated with the YMCA.

In the event of injury, the undersigned hereby authorizes the Releasees to provide or cause to provide such medical care and treatment to him or her as may be necessary and appropriate. The undersigned understands that he or she is solely responsible for all costs incurred for such medical care or treatment.

The undersigned hereby gives his or her permission to the YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings which may include the image or voice of the undersigned for the purpose of promoting or interpreting YMCA programs and activities.

\_\_\_\_\_  
Name of Camper

\_\_\_\_\_  
Session

### Parent or Guardian of Minor Child or Ward

I, as parent or guardian of the above named minor, hereby give my permission for my child or ward to participate in any program or activity offered by or associated with the YMCA and further agree, individually and on behalf of said minor or ward, to be bound by all of the terms set forth above.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# Montgomery YMCA Staff Code of Conduct

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1. In order to protect YMCA staff, volunteers and program participants, at no time during a YMCA program may a staff person be alone with a single child where they cannot be observed by others. As staff supervise children they should space themselves in such a way that other staff can see them.
2. Staff shall never leave a child unsupervised.
3. Restroom supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway of the restroom while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff are assisting younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a field trip. Always send children in pairs, and whenever possible, with staff.
4. Staff should conduct or supervise private activities in pairs—diapering, putting on bathing suits, taking showers, etc. When this is not feasible, staff should be positioned so that they are visible to others.
5. Staff shall not abuse any YMCA participant, child, volunteer or staff member including: physical abuse (to strike, spank shake, or slap); verbal abuse (to humiliate, degrade, or threaten); sexual abuse (to inappropriately touch or speak); mental abuse (to shame, withhold kindness, or be cruel); neglect (to withhold food, water, basic care, etc.). Any type of abuse will not be tolerated and may be cause for immediate dismissal.
6. Staff must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison and criticism. Staff will have age-appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in pre-determined situations (necessary to protect the child or other children from harm), is only administered in a prescribed manner, and must be documented in writing.
7. Staff will observe and report to immediate supervisor any fever, bumps, bruises, burns, etc. Questions or comments will be addressed to the parent or child in a non-threatening way. Any questionable marks or responses will be documented. **ALL REPORTS ARE TO BE CONFIDENTIAL.**
8. Staff will respond to children with respect and consideration and treat all children equally regardless of sex, race, religion or culture.
9. Staff will respect children's rights to not be touched in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.
10. Staff will refrain from intimate displays of affection towards others in the presence of children, parents and staff.
11. While the YMCA does not discriminate against an individual's lifestyle, it does require that in the performance of their job, they will abide by the standards of conduct set forth by the YMCA.
12. Staff must appear clean, neat and appropriately attired.
13. Using, possessing or being under the influence of alcohol or illegal drugs during working hours is prohibited. Using illegal drugs at any time is prohibited.
14. Smoking or use of tobacco in the presence of children or parents on YMCA property or while participating in a YMCA program is prohibited.
15. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment in the presence of children, parents, or any other staff is prohibited.
16. Staff must be free of physical and psychological conditions that might adversely affect the children's physical or mental health. If in doubt, an expert should be consulted.
17. Staff will portray a positive role model for youth by maintaining an attitude of respect, loyalty, patience, courtesy, tact and maturity.
18. Staff may not be alone with children they meet in YMCA programs outside of the YMCA. This includes babysitting, sleep overs, and inviting children to your home. Any exceptions require a written explanation before the fact and are subject to administrator approval.
19. Staff are not to transport children in their own vehicles.
20. Under no circumstances should staff release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA).
21. Staff are required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend training on the subject as instructed by a supervisor.
22. Staff will act in a caring, honest, respectful, and responsible manner.
23. Any and all infractions and violations of this policy should be reported to the Branch Director or the General Director.

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I understand that it is my responsibility as a parent to monitor the actions of the staff and will bring any behavior that is inconsistent with the staff code of conduct to the attention of someone in authority at the YMCA.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

# YMCA CAMP CHANDLER

## -Health & Medical (1/4)-

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Camper Name: \_\_\_\_\_

First

Middle Initial

Last

Date of Birth: \_\_\_\_\_  Male  Female      Camp Session: \_\_\_\_\_  
Month      Day      Year

Camper Home Address: \_\_\_\_\_

Street Address

City

State

Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Parent/Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact (other than above): \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

This camper is covered by family medical/hospital insurance  Yes  No

Insurance Company \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group #: \_\_\_\_\_ Name of Cardholder: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_ Date of Birth of Cardholder: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Restrictions

- I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
- I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.

Please describe any restrictions:

### Allergies

- No known allergies
- This camper is allergic to:
  - Food
  - Medicine
  - Environmental (insect stings, hay fever, etc.)
  - Other

Please describe below what the camper is allergic to and the reaction seen:

# YMCA CAMP CHANDLER

## -Health & Medical (2/4)-

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### General Health History

Check "Yes" or "No" for each statement.

Has/does the camper:

1. Ever been hospitalized.....  Yes  No
2. Ever had surgery.....  Yes  No
3. Have recurrent/chronic illnesses?.....  Yes  No
4. Had a recent infectious disease?.....  Yes  No
5. Had a recent injury?.....  Yes  No
6. Had asthma/wheezing/shortness of breath?.....  Yes  No
7. Have diabetes?.....  Yes  No
8. Had seizures?.....  Yes  No
9. Had headaches?.....  Yes  No
10. Have skin problems.....  Yes  No
11. Wear glasses, contacts, or protective eyewear?....  Yes  No
12. Had fainting or dizziness?.....  Yes  No
13. Passed out/had chest pain during exercise?.....  Yes  No
14. Had mononucleosis ("mono") in past 12 months?..  Yes  No
15. If female, had problems with periods/menstruation?  Yes  No
16. Have problems with falling asleep/sleepwalking?...  Yes  No
17. Ever had back/joint problems?.....  Yes  No
18. Have a history of bedwetting?.....  Yes  No
19. Have problems with diarrhea/constipation?.....  Yes  No
20. Traveled outside the country in the past 9 months?  Yes  No
21. Ever been treated for ADD or AD/HD?.....  Yes  No
22. Ever been treated for emotional or behavioral difficulties or an eating disorder.....  Yes  No
23. Had a significant life event that continues to affect the camper's life?.....  Yes  No

Please explain "Yes" answers in the space to the right, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

### Diet & Nutrition

- No dietary restrictions
- Special Food Needs

Please describe any special food needs below:

# YMCA CAMP CHANDLER

## -Health & Medical (3/4)-

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Middle Initial Last Month Day Year

**Medications:**  This camper will not take any daily medication while attending camp.

This camper will take the following daily medication (s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. Provide enough of each medication in the original packaging to last the entire time the camper will be at camp.

Name of Medication	When is it Given	Amount/Dose Given	How it is given
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		
	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime		

### Medical Hut Medications

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. Cross out those the camper should not be given.

- |   |                                      |
|---|--------------------------------------|
| Acetaminophen (Tylenol)                         | Sore throat spray                    |
| Ibuprofen (Advil, Motrin)                       | Generic cough drops                  |
| Phenylephrine decongestant (Sudafed PE)         | Bacitracin (antibiotic cream)        |
| Pseudoephedrine (Sudafed)                       | Neomycin (Neosporin)                 |
| Antihistamine (Allergy Medicine, i.e. Claritin) | Calamine lotion                      |
| Guaifenesin cough syrup (Robitussin)            | Aloe                                 |
| Diphenhydramine (Benadryl)                      | Laxatives for constipation (Ex-Lax)  |
| Dextromethorphan cough syrup (Robitussin DM)    | Bismuth subsalicylate (Pepto-Bismol) |

### Immunization History

Please provide a copy of the camper's immunizations. Forms from health-care providers or state or local government are acceptable; please attach to this form.

Date of last tetanus booster: \_\_\_\_\_

*If your camper has not been fully immunized, please sign the following statement:*

I understand and accept the risks to my child from not being fully immunized.

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

# YMCA CAMP CHANDLER

## -Health & Medical (4/4)-

### Other treatments/therapies to be continued at camp:

Describe below:

### Physical Exam

Physical Exam done today:

Yes  No, date of last physical: \_\_\_\_\_

Physical exam must have been completed in the 24 months prior to camp.

Weight: \_\_\_\_\_ lbs      Height: \_\_\_\_\_ ft \_\_\_\_\_ in

Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_

### Do you feel that the camper will require limitations or restrictions to activity while at camp?

No  Yes

*Attach additional information as needed.*

If yes, what do you recommend:

### Is there any other information you would like to share that would help us to serve your child?

### Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

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

*If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.*

I have reviewed the Camper Health History (Medical Form Page 1 & 2), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

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

Name of licensed provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

Street Address

City

State

Zip Code



# YMCA CAMP CHANDLER

## SCOUTS & EXPLORERS

**You have reached the end of the 2024 Scouts & Explorers Parent Packet!**

Thank you for your time!

### **Checkout Information**

**Scout Checkout: Tuesday, between 4-5 PM**

**Explorer Checkout: Friday, between 4-5 PM**

**Submitting Forms: Please return forms by mail or email.**

Mail: YMCA Camp Chandler  
1240 Jordan Dam Rd.  
Wetumpka, AL 36092

Email: [lmaddox@ymcamontgomery.org](mailto:lmaddox@ymcamontgomery.org)  
Office: (334) 229-0035

If you have any questions about your registration packet, please feel free to call our office at (334)229-0035. We look forward to seeing you soon at YMCA Camp Chandler! It's going to be a GREAT summer!



[www.campchandler.org](http://www.campchandler.org)  
1240 Jordan Dam Rd. Wetumpka AL 36092  
334-229-0035 (Office #)

