



# Camp Hazen YMCA

2010 Health Form

Parent/Guardian Authorization, Release & Indemnity Waiver

## PARTICIPANT INFORMATION

Participant Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Please indicate if your child has had any of the following injuries or illnesses:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Diabetes         | <input type="checkbox"/> Muscular/skeletal     |
| <input type="checkbox"/> Freq. Ear Infections | <input type="checkbox"/> Heart Problem(s) | <input type="checkbox"/> Injury                |
| <input type="checkbox"/> Seizure Disorder     | <input type="checkbox"/> ADD/ADHD         | <input type="checkbox"/> Psychiatric diagnosis |
| <input type="checkbox"/> GI Disorders         | <input type="checkbox"/> Other _____      |  |

Please record information about any items above; any significant medical history; any hospitalization, doctor visits or surgical history of consequence in the past five years; and any other health related information or further suggestions for camp personnel (attach additional information if necessary)

**ALLERGIES** List ALL known. (describe usual reaction and treatment)

Allergy	Reaction	Treatment
_____	_____	_____

Vegetarian?  Yes  No Any other dietary concerns? \_\_\_\_\_

Our goal is to provide a successful camping experience for all. To achieve this goal, we ask our camper families to complete a Health Form Addendum to inform us of any physical disabilities, activity restrictions or behavioral, emotional or social challenges their child has. We use this information to work with you to provide an optimal experience for your child.

Check here if your child has a physical disability or behavioral, emotional or social challenge and we will send you the Health Form Addendum which must be completed and returned to camp as soon as possible.

**Please double check the following:**

- page 2 Parent/Guardian Signature
- page 3 Parent/Guardian Signature
- page 3 Camper/Participant Signature
- page 4 Health Care Provider Signature

Return to Camp Hazen YMCA by 5/1/10

## Insurance Information

Name of Carrier \_\_\_\_\_

ID# \_\_\_\_\_

Co-Pay \$ \_\_\_\_\_

Subscriber Name \_\_\_\_\_

Employer \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Does your insurance require preauthorization for treatment? \_\_\_\_\_

Ins. Co ph# (\_\_\_\_) \_\_\_\_\_

**PLEASE ATTACH A COPY OF THE FRONT & BACK OF YOUR INSURANCE CARD**

**Please return to camp by May 1, 2010**

Name of Primary Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Dentist/Orthodontist \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY A PARENT/GUARDIAN**

To my knowledge, this health history is correct, and the person herein described has permission to engage in all prescribed camp activities except as noted.

**Emergency Authorization:** I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp. I also give permission for routine medical care as per the camp physician's standing orders for my child at Camp Hazen YMCA. I understand the camp fees do not include health and accident insurance and I will be responsible for any and all charges incurred in obtaining prompt medical attention.

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

During Summer Resident & Day Camp, the following medications are kept in stock and used to treat minor symptoms of illness/injury. They are administered by a Registered Nurse or Licensed Practical Nurse according to the Standing Orders of our Camp Physician. Please **CROSS OUT** any medications listed below that you do **NOT** want to be administered.

- |                     |                         |                  |                  |
|---------------------|-------------------------|------------------|------------------|
| A& D Ointment       | Calamine Lotion         | Kaopectate       | Pseudoephedrine  |
| Acetaminophen       | Dimetapp elixir         | Lotrimin         | Rid Shampoo      |
| Ambesol or Proxigel | Diphenhydramine         | Maalox           | Robitussin Syrup |
| Bacitracin          | Dramamine               | Milk of Magnesia | Sudafed          |
| Ben Gay             | Eyewash                 | Nix Shampoo      | Throat lozenges  |
| Benadryl            | Hydrocortisone 1% creme | Natural Tears    | Tums             |
| Betadine            | Hydrogen peroxide       | Ora-gel          | Visine           |
| Caladryl            | Ibuprofen               | Pepto Bismol     |                  |

**Medication Authorization:**

- I hereby give permission to Camp Hazen YMCA medical personnel to administer any of the above medications **not crossed out** per the directions of the Camp Physician.

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

Does your child take medication (prescription or over the counter) on a regular basis?

- NO
- YES, my child takes medication on a routine basis and **WILL** be bringing his/her medication to camp. **Medications brought to camp MUST be in the original container with the label matching a completed Medication Authorization Form, signed by BOTH the prescribing physician and the parent/guardian.**
- YES, my child takes medication on a routine basis, but **WILL NOT** be bringing his/her medication to camp.

Please list the medications your child takes routinely, the dose and the reason for taking.

Medication	Dose	Reason
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*On out-of-camp Trips, Vacation Days and other non-summer programs, health care is provided by a certified First Aider. The First Aider may **ONLY** administer prescription and over-the-counter medications brought from home in the original container, with the label matching a completed Medication Authorization Form.*

## Parent/Guardian Authorization, Release, and Indemnity Waiver

We/I are/am the parent(s) and legal guardian(s) of the participant named above. The health history presented to the camp is correct to the best of our/my knowledge, and the applicant described on the admissions application has our/my permission to engage in any or all of the sports at Camp Hazen YMCA

- Skateboarding, roller skating, in-line skating and/or similar activities
- Horseback Riding
- Climbing on natural rocks and cliffs, the climbing tower, ropes course elements and/or the Alpine tower
- Mountain Biking
- Water Sports
- Field Sports
- And/or other program activities

("YMCA") located at 204-205 West Main Street, Chester, Connecticut ("Premises") or at any other place while involved in the program of the YMCA ("YMCA Program Location").

I understand that, as in all sports there is a risk of physical injury and damage to property and hereby assume such a risk and all consequences thereof, including the risk of personal injuries to the applicant resulting from participating in any or all of these sports, and agree to be fully responsible for any personal injury or damage to the property arising out of or in connection with the applicant's use of the facilities at the YMCA Premises and/or YMCA Program Location regardless of the cause, causes or contributing causes of such injury or damage. To this end I/we, as parent(s) and legal guardian(s) of the applicant, a minor, hereby release, discharge, and covenant to hold harmless the YMCA of the USA, the Camp Hazen YMCA, Inc. and any other entity that is the landlord, or sublandlord of the Premises, and/or YMCA Program Location and all of the employees, officers and directors, agents and successors and assigns of the above from any and all claims, causes of action, actions demands, damages, costs, loss and expenses (including reasonable legal fees) which the applicant, or third party, may have, suffer or incur which in any way arise out of or in connection with applicant's use of the Premises and/or YMCA Program Location regardless of the cause, causes, or contributing causes of such injury or damage. Said release, discharge and covenant shall apply to all such causes of action whether arising or prosecuted before or after said minor applicant has reached his or her age of majority.

I/we further promise and covenant (jointly and severally) for myself/ourselves, individually and as legal guardian(s) of the applicant, and my/our heirs, administrators and executors, not to sue in any name or capacity (or implead in any action) said YMCA of the USA, the Camp Hazen YMCA, Inc. or any other entity that is the landlord or sublandlord of the Premises and/or YMCA Program Location (and/or employees, officers, agents, or successors, assigns of any of the above) for damages or injury to the property or person of the applicant or to myself/ourselves arising out of or in connection with the applicant's participation in the activities outlined above at the Premises and/or YMCA Program Location regardless of the cause, causes or contributing causes of such an injury or damage.

I authorize the applicant to participate in all planned camp activities including out of camp trips under camp auspices. I also authorize the YMCA to have and use photographs, slides or videotapes of the persons named on this application as may be needed for its records or public relations programs.

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

**Signature of Witness** \_\_\_\_\_ **Date** \_\_\_\_\_

(Witness may be any adult over age 21)

## Participant Authorization, Release, and Indemnity Waiver (*Camper to sign*)

In applying to participate in the above listed programs\*, I promise to inspect the facility and all personal equipment and assure myself that they are in good working order, and not to participate unless I am satisfied that the program area and conditions are safe for the activity. I will further read and comply with all of the Camp Hazen YMCA rules and regulations, note existing weather conditions related to the participation in the safe use and/or participation of the activity area by myself and others.

In consideration of your acceptance of my participation, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, hold harmless and release and forever discharge the YMCA of the USA, the Camp Hazen YMCA, Inc. their members, staff, and directors, agents and any other officials whatsoever arising from my presence or participation in the above described programs. I attest that I am physically fit and have sufficiently trained for this activity, and acknowledge that I have read and understood all of the above.

\* *Not all campers will participate in the above mentioned activities, either by choice, or by age restriction. However this waiver must be signed and on file with Camp Hazen YMCA for all campers participating in any of Camp Hazen's program areas.*

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Record of Immunizations**

Vaccines	Month/Year Original Immunization	Month/Year Most Recent Booster
Tetanus	_____	_____
Diphtheria	_____	_____
Pertussis	_____	_____
Mumps	_____	_____
Measles	_____	_____
Rubella	_____	_____
Polio	_____	_____
Chicken Pox	_____	_____
Hepatitis B	_____	_____
HIB-haemophilus influenza b	_____	_____
PCP-Pneumococcal conjugate	_____	_____

Tuberculosis test given: Type \_\_\_\_\_ Date \_\_\_\_\_ Result \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER**

I examined the above named camp applicant on this date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Exam must be within 24 months prior to last day of attendance at camp**  
Month Day Year

- In my opinion the condition of the camp applicant **ALLOWS** for the participation in an active camp program.
- In my opinion the condition of the camp applicant **DOES NOT ALLOW** for the participation in an active camp program.

The applicant is under the care of a physician for the following condition(s):

- Asthma
- Freq. Ear Infections
- Seizure Disorder
- GI Disorders
- Diabetes
- Heart Problem(s)
- ADD/ADHD
- Other \_\_\_\_\_
- Muscular/skeletal Injury
- Psychiatric diagnosis (i.e. depression, OCD, anxiety)

Current Treatment (include *current* medication):

**Health Care Provider**

Provider Signature \_\_\_\_\_ Date Form Signed \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_