

YMCA Camp Health Form

DO NOT RETURN TO OFFICE
Please bring completed form with you on your
first day of camp.

Rogue Valley Family YMCA, 522 West Sixth Street, Medford, OR 97501 541-772-6295 www.rvymca.org

The information on this form is not part of the camper or staff acceptance process, but is gathered in an effort to assist us in identifying appropriate care, when needed. The Health History Form must be filled out by the parents/guardians of minors or by adults themselves. An updated Health History Form is required annually.

Camper's Name: _____ Birth Date: _____ Grade: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ YMCA Member: Yes No

E-mail: _____ Camper's School: _____

Child Lives with: Both Parents Mother Father Other: _____

Guardian 1: _____ Cell #: _____ Work #: _____

Guardian 2: _____ Cell #: _____ Work #: _____

Emergency Contact(s): Emergency contacts are in addition to guardians listed above. Must be 16 years or older and authorized to pick-up.

Contact 1: _____ Cell #: _____ Work #: _____

Contact 2: _____ Cell #: _____ Work #: _____

Contact 3: _____ Cell #: _____ Work #: _____

Contact 4: _____ Cell #: _____ Work #: _____

Allergies: Please be specific (i.e. contact, airborne, ingested) and describe reaction (i.e. swelling, rash, death)

Has your child ever been stung by a bee? YES NO

Food (please specify): _____

Poison Oak: _____

Medications: _____

Other: _____

Dietary Restrictions: Please be as specific as possible so we can offer alternatives when possible. If alternatives are hard to determine then parents/guardians may be asked to furnish required foods.

No red meat No poultry No seafood No dairy products

No eggs No pork Other: _____

Insurance Information: If you carry family insurance, please complete this section. Medical, dental and accident insurance are the responsibility of each participant and their parent or guardian. The Rogue Valley Family YMCA does not provide this coverage.

Name of Insurance Company: _____ Policy Number: _____

Camper's Medical Professionals:

Name of Doctor: _____ Phone: _____

Name of Dentist: _____ Phone: _____

Name of Orthodontist: _____ Phone: _____

Helpful Information: Provide any additional information about the camper's behavior, physical, emotional, or mental health.

Health History: Check all applicable boxes and provide dates of condition(s). Attach extra sheets with additional information and/or protocols for treatments as needed. The intent for collecting the information below is to provide the camp personnel with a background needed to provide appropriate care. Please keep a copy of this form for your records. If changes need to be made to this form, please provide all updated information upon check-in for camp. Please provide complete information so the camp personal will be aware of your needs.

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|---|--|
| <input type="checkbox"/> Heart defect/disease _____ | <input type="checkbox"/> Convulsions/seizures _____ |
| <input type="checkbox"/> Therapy/Counseling _____ | <input type="checkbox"/> Chicken pox _____ |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Psychiatric treatment _____ |
| <input type="checkbox"/> ADD/ADHD _____ | <input type="checkbox"/> Ear infections _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Hypertension/high blood pressure _____ |
| <input type="checkbox"/> Mumps _____ | <input type="checkbox"/> Measles _____ |
| <input type="checkbox"/> Bedwetting _____ | <input type="checkbox"/> Skin conditions _____ |
| <input type="checkbox"/> Sleepwalking _____ | <input type="checkbox"/> Frequent headaches _____ |
| <input type="checkbox"/> Back problems _____ | <input type="checkbox"/> Unconsciousness/passed out _____ |
| <input type="checkbox"/> Chronic or recurring illnesses _____ | <input type="checkbox"/> Chest pain during or after exercise _____ |
| <input type="checkbox"/> Wears glasses/contacts _____ | <input type="checkbox"/> Hepatitis A, B or C _____ |
| <input type="checkbox"/> Head injuries _____ | <input type="checkbox"/> Eating disorder _____ |
| <input type="checkbox"/> Uses orthodontic appliance _____ | <input type="checkbox"/> Surgeries or recent illnesses _____ |
| <input type="checkbox"/> Recent head lice _____ | <input type="checkbox"/> Other (explain below) _____ |

Immunizations: Are all immunizations up to date? Yes No Date of last tetanus shot (if known): _____

Physical limitations: Please list any limitations and reasons for all listed limitations.

Non-prescription medications: Which of the following over-the-counter medications is the YMCA authorized to use as needed. If Acetaminophen (i.e. Tylenol) Ibuprofen (i.e. Advil) Benadryl Hydrocortizone cream Calamine/Caladryl Lotion (for insect bites, poison oak reactions)

Medications: Please list all medications (including over-the counter or nonprescription drugs taken on a routine basis) that you are sending with your child to camp. Medications must be in **ORIGINAL CONTAINERS** (if a prescription medication, child's name must be listed on the bottle) with specific instructions for proper dispensing. Send enough medication to last the entire length of camp. Over-the-counter and nonprescription drugs need to be labeled with camper's name. Any medications sent to camp without written instructions will not be administered to the camper. Attach additional pages as needed.

- Camper takes **NO** medications on a routine basis **AND NO** medications have been sent to camp with this person.
- Camper takes medications as follows:

Medication 1: _____ Used for: _____

Amount/dosage: _____ Time Taken: _____

Medication 2: _____ Used for: _____

Amount/dosage: _____ Time Taken: _____

Please identify any medications taken during the school year that child does not take during the summer:

RELEASE, WAIVER AND INDEMNITY AGREEMENT: I understand that the YMCA assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation. I give permission to the medical service provider selected by the YMCA personnel to render medical treatment deemed necessary and appropriate. Payment of any resulting medical, hospital or related costs and expenses must be paid by me or my insurance.

I hereby agree for myself, my child, our respective heirs, assigns and legal representatives, to release, indemnify, and hold the YMCA and its officers, directors, board members, employees, volunteers and agents ("releasees") harmless from any and all claims and causes of action of any nature, whether caused by the alleged negligence of the releasees or otherwise, which I or my child may now or hereafter have against the releasees which may at any time arise as a result of any act or thing occurring in or arising out of my or my child's participation. **I have read and understand this waiver.**

I authorize the YMCA to have and use photographs, audio, and/or video of the applicant as may be needed for its public relations programs.

- Check here if you do not want your child's image used in promotional materials

Guardian Signature: _____ Date: _____

Overnight Camp Additional Information Form

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Treatment: During your camper's stay at a YMCA overnight camp it is possible that they may experience some minor health issues. Below is a list of basic over-the-counter medications that upon parent/guardian approval may be used to treat these minor health issues. We stock the below items (not all items available when away from stationary location) and you need not send them with your child to camp (when available we use the generic form of the name brands listed). Please indicate if your child may receive the recommended dosage for his/her age by placing a check mark in the box located before the medication. Persistent conditions or those needing a physician's care will be referred to the parent/guardian.

- | | |
|--|--|
| <input type="checkbox"/> Sunburn relief spray/cream (Solarcaine, Bactine, Aloe Vera) | <input type="checkbox"/> Ibuprofen (Advil) |
| <input type="checkbox"/> Antiseptic ointments (Bacitricin, Neosporin) | <input type="checkbox"/> Acetaminophen (Tylenol) |
| <input type="checkbox"/> Ear drops (for water in ears, wax build-up) | <input type="checkbox"/> Cough Drops (Vicks, Chloraseptic) |
| <input type="checkbox"/> Cough syrup (Robitussin, Vicks, Dimetapp) | <input type="checkbox"/> Decongestant (Sudafed) |
| <input type="checkbox"/> Anti-emesis (controls vomiting) | <input type="checkbox"/> Antihistamine (Benadryl) |
| <input type="checkbox"/> Sore throat spray (Chloraseptic) | <input type="checkbox"/> Burn Gel (Aloe Vera) |
| <input type="checkbox"/> Milk of Magnesia (for constipation) | <input type="checkbox"/> Antacids (Tums, Maalox) |
| <input type="checkbox"/> Anti-Diarrheal (Kaopectate, Imodium AD) | <input type="checkbox"/> Sting-Ease (for insect bites) |
| <input type="checkbox"/> Calamine Lotion (for insect bites, poison oak reactions) | <input type="checkbox"/> Anti-fungal powder, spray, cream (Tinactin) |
| <input type="checkbox"/> Glucose (for diabetic emergency) | <input type="checkbox"/> Tampons (female campers only) |

Female Campers Only: If your camper has not started menstruating and begins at camp, what is your preference for explaining, teaching, and talking with your daughter?

Additional Medications: These are in addition to those listed above.

Medication 3: _____ Used for: _____

Amount/dosage: _____ Time Taken: _____

Medication 4: _____ Used for: _____

Amount/dosage: _____ Time Taken: _____

Medication 5: _____ Used for: _____

Amount/dosage: _____ Time Taken: _____

Staff Notes at Check-in:

RELEASE, WAIVER AND INDEMNITY AGREEMENT: I understand that the YMCA assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation. I give permission to the medical service provider selected by the YMCA personnel to render medical treatment deemed necessary and appropriate. Payment of any resulting medical, hospital or related costs and expenses must be paid by me or my insurance.

I hereby agree for myself, my child, our respective heirs, assigns and legal representatives, to release, indemnify, and hold the YMCA and its officers, directors, board members, employees, volunteers and agents ("releasees") harmless from any and all claims and causes of action of any nature, whether caused by the alleged negligence of the releasees or otherwise, which I or my child may now or hereafter have against the releasees which may at any time arise as a result of any act or thing occurring in or arising out of my or my child's participation. **I have read and understand this waiver.**

Guardian Signature: _____ Date: _____