Medical & Release form for Children & Youth Attending Richmond Family YMCA Camps

Name ______ Camp or Program ______ Year 2014 the

The Information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be provided to camp health personnel upon

Name____
Last First

Primary Health Care Provider .

Name

____

Address **Phone**

____ ______________________________

ALLERGIES List all known. .

Medication allergies (list) Describe reaction and management of the reaction

______________________________ ____

______________________________ ____

Food allergies (list)

______________________________ ____

______________________________ ____

Other allergies (list) - include insect stings, hay fever, asthma, animal dander, etc.

______________________________ ____

______________________________ ____

RESTRICTIONS (The following restrictions apply to this individual.)

Does not eat: ☐ Red meat ☐ Pork ☐ Dairy products ☐ Poultry ☐ Seafood ☐ Eggs ☐ Other (please describe) ______________________

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary) ______________________________

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GENERAL QUESTIONS (Explain "yes" answers below.)

Has / does the participant:	Yes	No
1. Had any recent injury, illness or infectious disease?	☐	☐
2. Have a chronic or recurring illness / condition?	☐	☐
3. Ever been hospitalized?	☐	☐
4. Ever had surgery?	☐	☐
5. Have frequent headaches?	☐	☐
6. Ever had a head injury?	☐	☐
7. Ever been knocked unconscious?	☐	☐
8. Wear glasses, contacts or protective eye wear?	☐	☐
9. Ever had frequent ear infections?	☐	☐
10. Ever passed out during or after exercise?	☐	☐
11. Ever been dizzy during or after exercise?	☐	☐
12. Ever had seizures?	☐	☐
13. Ever had chest pain during or after exercise?	☐	☐
14. Ever had high blood pressure?	☐	☐

Has / does the participant:	Yes	No
16. Ever had back problems?	☐	☐
17. Ever had problems with joints (e.g., knees, ankles)?	☐	☐
18. Have an orthodontic appliance being brought to camp?	☐	☐
19. Have any skin problems (e.g., itching, rash, acne)?	☐	☐
20. Have diabetes?	☐	☐
21. Have asthma?	☐	☐
22. Had mononucleosis in the past 12 months?	☐	☐
23. Had problems with diarrhea / constipation?	☐	☐
24. Have problems with sleepwalking?	☐	☐
25. If female, have an abnormal menstrual history?	☐	☐
26. Have a history of bed-wetting?	☐	☐
27. Ever had an eating disorder?	☐	☐
28. Ever had emotional difficulties for which professional help was sought?	☐	☐

Please explain any "yes" answers, noting the number of the questions.

____

____

Which of the following has the participant had?

☐ Measles
☐ Chicken pox
☐ German measles
☐ Mumps
☐ Hepatitis A
☐ Hepatitis B
☐ Hepatitis C

Please give all dates of immunization for:

Vaccine: Dates: Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr Mo/Yr

DTP ________ ________ ________ ________ ________ ________

TD (tetanus/diphtheria) ________ ________ ________ ________ ___

Tetanus ________ ________ ________ ________ ________ ________

Polio ________ ________ ________ __________________ ________

MMR ________ ____

or Measles ________ ________

or Mumps ________ ________

or Rubella ________ ________

TB Mantoux Test

Date of last test _______________

Result: ☐ Positive ☐ Negative

Haemophilus influenza B ________ ___________ ________ ________

Hepatitis B ________ ________ ________

Varicella (chicken pox) ________ ________

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.____

____

____

Parent / Guardian Authorizations: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.
I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me / my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Name ____________ Camp or Program ____________ Year 2014 ____________ the

Medications Being Taken

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging / bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

☐ This person takes NO medications on a routine basis. OR ☐ This person takes medications as follows:

Med #1___________________________________ Dosage__________________ Specific times taken each day_________________________

Reason for taking ____

Med #2___________________________________ Dosage__________________ Specific times taken each day________________________

Reason for taking ____

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does / may not take during the summer:___________________________

____

____

I understand that medications must be brought to camp in their original container and given to the Camp Director when my child arrives. In addition, I understand that all medication must be accompanied with written note from physician. I authorize the Richmond YMCA to administer the above medication to my child while he / she attends the camp program.

Signature of parent or guardian or adult camper / staffer____

Printed name____ Date________________

Liability Wavier and Release

I also understand and agree to abide by any restrictions placed on my participation in camp activities.
Signature of minor or adult camper / staffer____ Date________________

I hereby accept any and all responsibility for, and assume the risk if any and all injury or damage to my person or dependent children which might arise directly or indirectly as a result, and or participation in a YMCA program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the Richmond Family YMCA, and all employees and volunteers in their capacities as representatives of the YMCA, except for injuries caused intentionally or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same and that is my intention by signing this release that the same be binding not only to me, but my heirs, administrators, executors, successors and assigns.

Signature of parent or guardian or adult camper / staffer____ Date_______________