

# 2011 YMCA Camp Woodstock Standard Health Examination Form

Please complete and bring with you on arrival date. *Do not mail in advance.*

*State law requires a current signed health form for each camper in order to be permitted to remain in camp.*

Camper Information	First Parent	Second Parent	Alternate Contact
Name _____	Name _____	Name _____	Name _____
Age _____ Date of birth _____	Day phone _____	Day phone _____	Day phone _____
Address _____	Eve phone _____	Eve phone _____	Eve phone _____
Town _____	Cell _____	Cell _____	Cell _____
State _____ Zip _____	Relationship to camper _____	Relationship to camper _____	Relationship to camper _____
Allergies _____	_____	_____	_____
Special dietary needs _____	_____	_____	Does this child have health insurance? Please provide copy of card if available
Who does camper live with? _____	_____	_____	_____

**Parents please note:** a written doctor's order is required for every medication including herbal remedies, vitamins, medicated drops, creams, lotions or ointments. Per state law, all medications must come in their original container labeled with the camper's name or they cannot and will not be given. Only rescue inhalers and Epi-Pens can be kept in the cabins. All others must be turned in to the camp nurse during check-in. No exceptions. Meds left at the end of camp will be destroyed one week after your child leaves camp. If your child serves on staff, he or she is responsible for independently administering their own medications. Your signature below gives permission to do so.

**Physical exam: MUST BE COMPLETED AND SIGNED BY PHYSICIAN, PA or APRN**

History and Physical	Immunizations	Medications
Date of exam _____	This person is up to date on the following routine childhood immunizations	The medications listed here are kept stock in the infirmary. This person may receive: <u>    </u> ANY <u>    </u> NONE <u>    </u> only those checked, in the dose appropriate for their age and weight. May self-administer their own medications yes <u>    </u> no <u>    </u> with parental consent.
Height _____ Weight _____		
Does this child have any medical problems that will limit participation in camp activities _____	Measles _____	Tylenol <input type="radio"/> Chloraseptic <input type="radio"/> Pepto Bismol <input type="radio"/>
Please explain _____	Mumps _____	Ibuprofen <input type="radio"/> Anbesol <input type="radio"/> Sudafed <input type="radio"/>
Are there any specific health problems _____	Rubella _____	Tums <input type="radio"/> Visine <input type="radio"/> Calamine <input type="radio"/>
_____	Hep. B _____	Immodium <input type="radio"/> Robitussin DM <input type="radio"/> Benadryl <input type="radio"/>
_____	Diphtheria _____	Medication _____ Specific order for administration _____
_____	Pertussis _____	_____
_____	Tetanus _____	_____
_____	Polio _____	_____
_____	Chickenpox _____	_____
_____	Vaccine _____	_____
_____	Disease _____	_____
_____	State any reason this child has not been vaccinated in accordance with state recommendations _____	_____
_____	_____	Examiner's signature _____
_____	_____	Printed name _____
_____	_____	Telephone _____
_____	_____	_____

**Important parent's authorization. Signature required for camp attendance.**

This health history is correct as far as I know, and the person listed above has permission to engage in all camp activities including out of camp trips except as noted by me or the examining physician. I grant permission for the camp nurse to administer any of the above medications or medications prescribed by the camp physician to treat illness or injury during my child's stay. I grant permission to the medical personnel selected by the camp director to order x-rays, tests and medical treatment and necessary transportation for my child. In the event that I can not be reached during an emergency, I give permission to the health care provider selected by the camp to secure and administer treatment, medical or dental, including hospitalization for my child named above. I understand that it may be necessary to transmit my child's health information electronically, and agree to allow sharing of necessary health information. If I claim religious exemption a clergy letter is attached.

Date \_\_\_\_\_ Signature of parent or legal guardian \_\_\_\_\_

**YMCA OF METROPOLITAN HARTFORD  
RELEASE and WAIVER OF LIABILITY and INDEMNITY  
And PHOTO/TALENT RELEASE AGREEMENT**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities, or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself, or on behalf of a minor child under age 18, and for any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, inspected and carefully considered, or will immediately upon entering and/or participating, inspect and carefully consider, such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA constitutes an acknowledgement that that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, **THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING ON HIS OR HER BEHALF AND/OR BEHALF OF HIS/HER CHILDREN OR GUESTS** (herein referred to as "the undersigned"):

1. **MEMBER CONDUCT** I agree to abide by all rules and regulations of the YMCA of Metropolitan Hartford (hereafter "YMCA"), and I understand that failure to act in accordance with the rules may result in expulsion from the YMCA and cancellation of membership.
2. **INSURANCE** I understand that the YMCA does not provide any accident or health insurance for its members or participants and it is my responsibility to provide such coverage.
3. **PROPERTY LOSS** I understand that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities or participating in YMCA programs.
4. **ASSUME FULL RESPONSIBILITY** I hereby assume full responsibility for and risk of bodily injury, death or property damage while in about or upon the premises of the YMCA and/or while using the premises, or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
5. **PHOTO/TALENT RELEASE** I hereby irrevocably release, consent and allow the YMCA and its agents to use my photograph, likeness, voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement for its use. (My initials here **revoke** photo/talent release \_\_\_\_\_).
6. **RELEASEE, WAIVE, DISCHARGES** I hereby release, waive, discharge and covenant not to sue the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or loss of property while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
7. **INDEMNIFY AND SAVE AND HOLD HARMLESS** I hereby agree to indemnify and save and hold harmless the releasees from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
8. **MEDICAL RELEASE** I authorize the YMCA, as my agent, to give consent to medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician, and I am unable to give such consent. I authorize a qualified YMCA staff member to administer CPR or first aid if necessary. I understand that it may be necessary for me to provide a release form from my physician regarding my current health status.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AND PHOTO/TALENT RELEASE AGREEMENT, and further agrees that no oral representations, statement or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

Date: \_\_\_\_\_ Printed Name of Participant \_\_\_\_\_

Signature of Participant or Parent/Guardian \_\_\_\_\_