

# YMCA STORER CAMPS: OUTDOOR ENVIRONMENTAL EDUCATION YOUTH HEALTH FORM

## Personal Information

|                               |                                  |  |
|-------------------------------|----------------------------------|--|
| Student's LAST Name (Printed) | Student's FIRST Name (Printed)   | Preferred Name (if different than First)                             |
| Home Address                  | Date of Birth (Month, Day, Year) |  |
|                               | Height                           | Weight   |
|                               |                                  | Gender <input type="checkbox"/> Female <input type="checkbox"/> Male |
|                               |                                  | School   |

## Emergency Contact Information

|   |                         |              |                   |
|---|-------------------------|--------------|-------------------|
| Parent/Guardian Name ( <i>Primary Contact</i> )   | Relationship to Student | Phone Number | Work Phone Number |
| Parent/Guardian Name ( <i>Secondary Contact</i> ) | Relationship to Student | Phone Number | Work Phone Number |
| Alternate Contact Name                            | Relationship to Student | Phone Number | Work Phone Number |
| Alternate Contact Name                            | Relationship to Student | Phone Number | Work Phone Number |

### Insurance

Please note: YMCA Storer Camps does NOT carry health/accident insurance for campers, schools, and conference camping participants.

### Immunizations

All my student's immunizations are up to date:  Yes  No  
Date of last Tetanus Booster: Month/Year \_\_\_\_\_

## Parent/Guardian Authorization

The information contained in this form is correct, as far as I know, and the child herein described has permission to engage in all camp activities except as noted. I understand that health/accident insurance coverage is the responsibility of the parent/guardian. I hereby give permission to YMCA Storer Camps to secure emergency medical, routine medical, surgical treatment, and non-surgical care for the child named on this form, while at camp. I also understand that the parent/guardian is fully responsible for the camper's transportation if he/she is dismissed for disciplinary, behavior or medical reasons. I absolve the YMCA of Greater Toledo/Storer Camps and all of its employees of any and all liability, financial and/or otherwise arising from administration of medication to my child under the terms of this release. YMCA Storer Camps is not responsible for payment of any medical expenses incurred during participation at camp.

In consideration for being allowed to participate in the YMCA's programs, I agree to assume the risk of such activities and programs, and I further agree to hold harmless the YMCA of Greater Toledo, its officers, employees and representatives from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from injury or death, accident or otherwise, during or arising in any way from the activities. I grant permission for me or my child to participate in all planned camp activities including out of camp trips by van or bus, hiking or horseback riding. The YMCA is not responsible for lost, stolen or damaged personal articles. I also authorize the YMCA to have and use photographs, slides or video tapes of me, my child, or my family as may be needed for its public relations programs. I acknowledge that this General Release of Liability and Authorization for Treatment of the YMCA is binding on me personally and on my heirs, personal representatives, successors and assigns.

### Limited Purpose Power of Attorney: Consent to Treatment of Minor (Must be signed by parents or legal guardians)

By signature(s) below, the undersigned appoints (School Name) \_\_\_\_\_, to act alone, or delegate to another person, the power to consent on our behalf to all emergency treatment and/or medical care (except elective surgery) of (child's name) \_\_\_\_\_ determined to be necessary or desirable by our child's attending physician at the hospital. This Power of Attorney shall continue through the participant's stay at camp, or until revoked by the undersigned, whichever is earlier. Physicians or the hospital's medical staff may assume and rely on this authorization being current and in effect during such period unless notified otherwise. The undersigned certify that they read this Power of Attorney (or had read to them), that they understand this Power of Attorney and sign it voluntarily. This agreement will be enforced in accordance with the laws of the State of Michigan.

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

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

**Medication Permission**

Our Health Center is stocked with medications used to manage illness and injury as directed by our medical protocols. A list of our stocked medications can be found at: <http://www.ymcastorercamps.org/who-we-are/download-resources/>  
Please list any medications that your student should **NOT** be given:

**Medication Information**

“Medication” is any substance used to maintain and/or improve an individual’s health, including vitamins and supplements.  
*Per Michigan state law, medications must meet the following standards:*  
Medication must arrive in its original packaging. Medication will only be administered in age-appropriate doses according to the medication label or a signed physician’s note. Medication cannot be expired, per the expiration date on the medication container.

*Please note:*

- Students are expected to carry their emergency medications (epinephrine injectors, rescue inhalers and diabetic supplies) on their person, while at camp. All other medications, including vitamins and ointments, must be stored at our Health Center.
- Our Health Center is stocked to manage illness and injury as directed by our medical protocols. Students do not need to bring their personal Tylenol, Ibuprofen, Benadryl, Tums, Sudafed, Cough Drops, Hydrocortisone Cream or Antibiotic Ointment to camp.

**Please list all medications your student will be bringing to camp.**

| MEDICATION NAME AND STRENGTH | REASON FOR TAKING | MEDICATION DOSE | WHEN GIVEN  | YEAR STARTED |
|------------------------------|-------------------|-----------------|---|--------------|
|                              |                   |                 | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Dinner <input type="checkbox"/> Only As Needed<br><input type="checkbox"/> Bedtime |              |
|                              |                   |                 | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Dinner <input type="checkbox"/> Only As Needed<br><input type="checkbox"/> Bedtime |              |
|                              |                   |                 | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Dinner <input type="checkbox"/> Only As Needed<br><input type="checkbox"/> Bedtime |              |
|                              |                   |                 | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Dinner <input type="checkbox"/> Only As Needed<br><input type="checkbox"/> Bedtime |              |
|                              |                   |                 | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Dinner <input type="checkbox"/> Only As Needed<br><input type="checkbox"/> Bedtime |              |
|                              |                   |                 | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Dinner <input type="checkbox"/> Only As Needed<br><input type="checkbox"/> Bedtime |              |
|                              |                   |                 | <input type="checkbox"/> Breakfast<br><input type="checkbox"/> Lunch <input type="checkbox"/> Other: _____<br><input type="checkbox"/> Dinner <input type="checkbox"/> Only As Needed<br><input type="checkbox"/> Bedtime |              |

If your student takes additional medication, please list the medication, dosage and time given and attach to this health form.

### Nutrition

|  |   |
|--|---|
| <input type="checkbox"/> This student has no dietary restrictions.<br>This student has the following dietary restriction:<br><input type="checkbox"/> No beef<br><input type="checkbox"/> No pork<br><input type="checkbox"/> Vegetarian (no meats or seafood)<br><input type="checkbox"/> Vegan (no meats, seafood, eggs or dairy)<br><input type="checkbox"/> Gluten-intolerant<br><input type="checkbox"/> Lactose-intolerant | <p style="text-align: center;">Please provide additional dietary information, if necessary:</p><br><br><br><p style="text-align: center;">Our kitchen prepares well-balanced meals. We work with dietary concerns but do not cater to individual food preferences. Please call us at 517-536-8607 if you have questions pertaining to your student's dietary needs.</p> |
|--|---|

### Allergies

|  |
|--|
| This student has: <input type="checkbox"/> No Known Allergies <input type="checkbox"/> Seasonal Allergies <input type="checkbox"/> Food Allergies <input type="checkbox"/> Medication Allergies <input type="checkbox"/> Other Allergies   |
| Please list what your student is allergic to, their reaction and how it is treated:  |
| Do any of the above cause an anaphylactic (life-threatening) reaction?<br><input type="checkbox"/> No <input type="checkbox"/> Yes: if Ingested★ <input type="checkbox"/> Yes: if Touched★ <input type="checkbox"/> Yes: if Airborne★<br>★If yes, please complete our additional Anaphylaxis Form and attach it to this health form.<br>It can be downloaded from our website at <a href="http://www.ymcastorerccamps.org/who-we-are/download-resources/">http://www.ymcastorerccamps.org/who-we-are/download-resources/</a> |

### Health History

★ If your child has **Asthma** and/or **Diabetes**, please complete an Asthma and/or Diabetes Form and attach it to this health form. These forms can be downloaded from our website at <http://www.ymcastorerccamps.org/who-we-are/download-resources/>

Please check any of the following that pertain to your student:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Asthma ★          | <input type="checkbox"/> Diarrhea and/or Constipation | <input type="checkbox"/> Menstruation Issues | <input type="checkbox"/> Recent Illness and/or Injury |
| <input type="checkbox"/> Diabetes ★        | <input type="checkbox"/> Eating Disorder              | <input type="checkbox"/> Migraines           | <input type="checkbox"/> Recent Surgery               |
| <input type="checkbox"/> ADD/ADHD          | <input type="checkbox"/> Fainting                     | <input type="checkbox"/> Mobility Concern    | <input type="checkbox"/> Recent Hospitalization       |
| <input type="checkbox"/> Autism            | <input type="checkbox"/> Hearing Impairment           | <input type="checkbox"/> Seizure Disorder    |   |
| <input type="checkbox"/> Bedwetting        | <input type="checkbox"/> Head Injury                  | <input type="checkbox"/> Sleepwalking        | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Heart Condition              | <input type="checkbox"/> Skin Issues         |   |
| <input type="checkbox"/> Chronic Illness   | <input type="checkbox"/> Mental Health Concern        | <input type="checkbox"/> Vision Impairment   | <input type="checkbox"/> None of the Above            |

Please give details about checked items and note if your student has activity restrictions due to their health history. Any additional information about your student's health and wellbeing, that will help us provide a successful program to your student, is appreciated.