



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Release Consent Form YMCA STORER CAMPS

Michigan Youth Camp Safety Laws require licensed camps to get authorization from parent/guardians for the release of their child to specific individuals. Please indicate below the individuals to whom your son or daughter may be released.

Persons authorized to pick up your child must be listed below with name and contact information *regardless* of their relationship to the child. For example, if you, the parent will be picking up your child, please list your name immediately below. Also list additional relatives, friends, etc., who might be picking up your child in your absence.

Name of Camper: _____

Program Name: _____ Session Number: _____

1. Person Authorized to Pick-Up Your Child:

Relationship to Camper: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

2. Person Authorized to Pick-Up Your Child:

Relationship to Camper: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

3. Person Authorized to Pick-Up Your Child:

Relationship to Camper: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

You may make changes to this form at any time prior to pick up. ALL changes must be made in writing by the parents/guardians and submitted to the camp office.

If parent(s) or guardian(s) are NOT listed above, please complete the information below:

Name _____ Mother Father Guardian

Phone: Cell: _____ Home: _____ Work: _____

Signature Required Below at Time of Check Out

Signature of Person Picking Up Child

_____/_____/_____
Date of Check Out

Time of Check Out

YMCA STORER CAMPS

Traditional Summer Camp | The Storer Outdoor School | Specialty Programs & Group Retreats

6941 Stony Lake Rd, Jackson MI 49201

P 517 536 8607 F 517 536 4922 ymcastorer camps.org

Youth Health Form YMCA STORER CAMPS

Personal Information

Camper's Last Name (Printed)			Camper's First Name (Printed)		M.I.
Street Address			Date of Birth (Month, Day, Year)		Age
			Camp Village(s) and Session(s)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	Zip	Height	Weight	

Emergency Contact Information

Father/Guardian Name	Father/Guardian Home Phone	Father/Guardian Work Phone	Father/Guardian Cell
Mother/Guardian Name	Mother/Guardian Home Phone	Mother/Guardian Work Phone	Mother/Guardian Cell
Emergency Contact Name	Emergency Contact Phone	Relationship to Child	Emergency Contact Cell

If we cannot reach you or your emergency contact, please provide contact information for other people who know your camper and with whom we can consult. We assume you have spoken to these contacts and they are willing to assist should the need arise.

Alternate Contact _____ Phone: _____ Relationship: _____
 Alternate Contact _____ Phone: _____ Relationship: _____

Medication Information

Please list any additional medications on a separate sheet and attach to your health form.

"Medication" is any substance a person takes to maintain and/or improve his/her health. Includes vitamins and homeopathic remedies.

- This camper will not take any daily medication while attending YMCA Storer Camps.
- This camper will take the following daily medication(s) while attending YMCA Storer Camps.
Please bring enough of each medication to last their entire stay. ALL medications must arrive in appropriately labeled pharmacy containers as described in the Health Services Parent Information.

NAME OF MEDICATION	REASON FOR TAKING IT	WHEN GIVEN AND DOSAGE	DATE STARTED
		<input type="checkbox"/> Breakfast Dose: _____ <input type="checkbox"/> Lunch Dose: _____ <input type="checkbox"/> Dinner Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Breakfast Dose: _____ <input type="checkbox"/> Lunch Dose: _____ <input type="checkbox"/> Dinner Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Breakfast Dose: _____ <input type="checkbox"/> Lunch Dose: _____ <input type="checkbox"/> Dinner Dose: _____ <input type="checkbox"/> Bedtime Dose: _____ <input type="checkbox"/> Other: _____	

We have many over the counter medications stocked in our Health Centers used to manage illness and injury as directed by our medical protocols.

Please list any over the counter medications that your camper should **NOT** be given:

Insurance Information

Please include a copy of your insurance card, both front and back sides.

If additional medical care for your child is necessary, the hospital will need the copy of your insurance card in order to bill your insurance provider.
 YMCA Storer Camps does **NOT** carry health/accident insurance for campers, schools, and conference camping participants.

Primary Policy Holder	Insurance Company	Policy Number	Relationship to Child
Physician's Name	Physician's Phone Number	Date of Last Visit	

Camper Name: _____

Immunizations

Provide the month and year for each immunization. Starred (★) immunizations must be current.

Immunization	Date: Month(s) & Year(s)	Immunization	Date: Month(s) & Year(s)
Tetanus Booster ★	Within 10 years:	Meningitis	
Polio ★		Pertussis Booster (Whooping Cough)	
MMR (Measles, Mumps, Rubella) ★		Pneumococcal	
DPT (Diphtheria, Tetanus, Pertussis) ★		Hepatitis A	
Varicella (Chicken Pox)		Hepatitis B	
Influenza			

Allergies

This camper has no known allergies.

Is allergic to this food(s): _____
 Causes anaphylaxis? No Yes: Ingestion ★
 Yes: Contact ★ Yes: Airborne ★

Describe their reaction and how it is managed:

Is allergic to this medication: _____
 Causes anaphylaxis? No Yes ★

Describe their reaction and how it is managed:

Is allergic to the following: _____
 Causes anaphylaxis? No Yes ★

Describe the reaction and how it is managed:

Nutrition

Our kitchen prepares well-balanced meals. We can work with some medically prescribed diets but do not cater to individual food preferences.

This camper eats a regular diet.

This camper is the following type of vegetarian.

Semi-vegetarian (no pork or beef)
 Pesco (no pork, beef or chicken)
 Lacto-ovo (no pork, beef, chicken, seafood or fish)
 Vegan (no meats, seafood, eggs or dairy)

This camper does not eat pork because of faith reasons.

This camper is gluten-intolerant.

This camper is lactose-intolerant.

Please provide any additional information if necessary:

Please call us at 517.536.8607 if you have questions pertaining to your camper's dietary needs.

Health History

Please check those that pertain to your camper and describe how it is handled at home.

My camper is free from illness, injury, physical challenges or health concerns that would affect participation in programming.

The following is **TRUE** for my camper:

- | | |
|--|--|
| <input type="checkbox"/> Anaphylaxis ★
<input type="checkbox"/> Asthma ★
<input type="checkbox"/> Diabetes ★
<input type="checkbox"/> ADD/ADHD
<input type="checkbox"/> Autism
<input type="checkbox"/> Bedwetting
<input type="checkbox"/> Bleeding/Clotting
<input type="checkbox"/> Chronic Illness
<input type="checkbox"/> Diarrhea/Constipation
<input type="checkbox"/> Eating Disorder
<input type="checkbox"/> Emotional Health Concern
<input type="checkbox"/> Fainting
<input type="checkbox"/> Frequent Colds
<input type="checkbox"/> Frequent Ear Infection
<input type="checkbox"/> Frequent Headaches | <input type="checkbox"/> Has Glasses/Contacts
<input type="checkbox"/> Had Chicken Pox/Varicella Immunization
<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Head Injury
<input type="checkbox"/> Heart Defect/Disease
<input type="checkbox"/> Homesickness
<input type="checkbox"/> Psychiatric Treatment/Counseling
<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Sleepwalking
<input type="checkbox"/> Skin Problems
<input type="checkbox"/> Surgical History of Consequence |
|--|--|

★Asthma, Diabetes or Anaphylaxis

Please complete the additional "Request for Information" forms and attach to this Health Form. Forms can be downloaded from our website: ymcastorerccamps.org

- GIRLS ONLY: Knows about menstruation and/or has regular menstrual history
- GIRLS ONLY: Menstrual cramps
- Recent Illness: _____
- Recent Injury: _____
- Recent Hospitalization: _____
- Recent Surgery: _____
- Other (specify): _____

Please give more information about checked items above. Attach additional information if needed:

Camper Name: _____

If your camper has had a significant life event that continues to affect the camper's life, please provide information about the event, its impact upon your camper's life and care tips for their time at camp. Attach additional information if needed.

What Else Would You Like Us To Know? Let us know any information about your camper's health that may have not been covered on this form. Any information that has an impact on your child's ability to fully participate in our program is appreciated. Attach additional information if needed.

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 parent or legal guardian)

By signature(s) below, the undersigned appoints YMCA Storer Camps, 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 it read to them), that they understand this Power of Attorney, and sign it voluntarily. This agreement will be enforced in accordance with the law of the State of Michigan.

Parent/Guardian Signature: _____ **Date:** _____

• Health Office Use Only •

Date	Time	CHO	Notes

Additional Information

We at YMCA Storer Camps want your child to have the best camp experience possible. The more information you are able to give, the better prepared we are to work with your child. Please contact us at (517) 536-8607 if you would like to discuss any concerns.

Please tell us a little about your camper.

Camper Name: _____

- | | | | | |
|----------------------------------|--------------------------------|------------------------------------|--------------------------------|---------------------------------|
| Often laugh or smile? | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| Adjust well to change? | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| Like group activities? | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| Have variations in moods? | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| Become easily frustrated? | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| Seem sensitive to criticism? | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| Seem difficult to motivate? | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |
| Socialize well with their peers? | <input type="checkbox"/> Never | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Often | <input type="checkbox"/> Always |

What goals do you hope your camper to reach at camp?

What activities does your camper enjoy?

Is there anything your camper has a tendency to be afraid or anxious about?

In the case of behavior or conflict, how can we best help your camper to be successful and resolve situations?