

# YMCA CAMP KERN HEALTH INFORMATION FORM AND WAIVER

Session: \_\_\_\_\_ Cabin: \_\_\_\_\_

## CONTACT INFORMATION – HW 5

Camper Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age at Camp: \_\_\_\_\_ Sex: \_\_\_\_\_

Camper Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Camper Home Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Are you the Camper's **Custodial Parent?** (Camper's parent at primary residence?) \_\_\_\_\_ YES or \_\_\_\_\_ NO (If no see below)

Parent Home Address: (if not same as above) \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Parent Home Phone: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_ Parent/Guardian Home Phone (if not same as above): \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_

**Custodial Parent Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Custodial Parent Contact Number:** \_\_\_\_\_

If parent/guardian is not available in an emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Named Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## HEALTH HISTORY – HW 2

Date of the Last Health Exam: \_\_\_\_\_ (In the **"Date"** space, please provide the date of last occurrence when answering yes to each health event)

Asthma	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	Heart Disease	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	Behavior Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____
Hay Fever	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	Clotting Disorder	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	ADD/ADHD	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____
Poison Ivy Allergy	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	Seizures	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	Speech Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____
Insect Sting Allergy	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	Bedwetting	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	Hearing Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____
Frequent Ear Infections	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	Fears/Phobias	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	Vision Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____
Frequent Headaches	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	Sleepwalking	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	Hepatitis A	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____
Frequent Sore Throats	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	Head Lice	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	Hepatitis B	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____
Mononucleosis	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	Chicken Pox	<input type="checkbox"/> No <input type="checkbox"/> Yes	Date _____	Other _____		Date _____

Allergies (for food allergies, complete 'Food Allergy Form'): \_\_\_\_\_

Operations/Serious Injuries: \_\_\_\_\_

\*\*\*All medications, prescriptions, and non-prescriptions drugs must be handed to the camp nurse in their **original container**.\*\*\*

Current Medications: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

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Description of any other current health conditions requiring medication, treatment, or special restrictions or considerations while at camp (attach separate sheet if more space required): \_\_\_\_\_

\_ Are all required school immunizations up to date?  No  yes

Date of last tetanus booster: \_\_\_\_\_

**Please return this form, along with final payment and 'Parent / Camper Confidential Information' one month prior to camper attending camp:**

**YMCA Camp Kern 5291 State Route 350, Oregonia, OH 45054 / [mfassig@daytonymca.org](mailto:mfassig@daytonymca.org) / Fax: 513-932-8607**

## **HEALTH EXAM – HW 6**

I certify that the information provided is correct and complete so far as I (the undersigned) know, that the camp activities offered at the YMCA Camp Kern may at time require the participants to exert themselves, and the person herein described as the camper has permission to engage in all prescribed camp activities, on or off YMCA Camp Kern premises, except as noted on this health form. I understand that it is the responsibility of the parent/guardian to inform YMCA Camp Kern of any changes or additions to this form on the day the child arrives at camp. I also certify that the above-named camper has received a health exam from licensed medical personnel within the past 12 months of the time the camper will be at YMCA Camp Kern. I have listed any physical condition requiring restrictions on participation in the camp program and a description of such restrictions. I have also listed any current or ongoing treatments or medications.

## **PERMISSION TO TREAT – HW 7**

I give permission to YMCA Camp Kern to provide routine health care, administer prescribed medications, and seek emergency medical treatment which may include without limitation the administration of over-the-counter medications such as analgesics, cough syrup, acetaminophens (Tylenol), diphenhydramine HCL (Benadryl), Advil/Motrin (ibuprofen), and topical ointments (i.e. calamine lotion, triple mix antibiotic, and cortisone 1% - 5%). Additionally, I hereby authorize YMCA Camp Kern to secure any necessary medical treatment on behalf of Camper, including the administration of anesthesia and surgery, as such may be determined necessary. I acknowledge and agree that such medical treatment shall be solely at my expense and I agree to reimburse YMCA Camp Kern for any expenses which it may incur on account of Camper's medical treatment by non-YMCA Camp Kern medical providers.

## **PARENT NOTIFICATION – HW 17**

Parents/guardian will be promptly notified upon YMCA Camp Kern learning of an accident/injury/illness of their child for unresolved fever above 100.5 degrees for 4 hours, unresolved vomiting x2 episodes and/or longer than 2 hours, unresolved diarrhea x3 episodes and/or longer than 4 hours, health clinic stay longer than 12 hours, overnight health clinic stay, transfer to see physician and/or to a local health care facility for emergent treatment for physical and/or psychological care, and any condition deemed necessary by the camp nurse and/or summer camp director. Parents/guardians hereby waive any and all claims to or regarding notification, or failure to notify, for minor issues that do not meet or rise to the level of those described above.

## **PARTICIPATION WAIVER**

I approve this application and certify the Camper is capable of such an experience. I agree to have the balance of the camp fees paid before the beginning of the session(s) reserved. Camp fees are non-refundable without a doctor's authorized medical reason. I understand that no refunds are given if a child leaves early because of home sickness or for disruptive behavior, as determined by the Camp Director. I understand that the deposit is not refundable under any circumstances. I grant permission for the applicant to participate in all planned camp activities, including out of camp trips by bus or van, hiking, rock climbing, horseback riding, or swimming. The YMCA is not responsible for lost, stolen or damaged personal items. I agree to waive any claims against the YMCA and its members, staff and volunteers for injuries or damages that my result from the conduct of third parties other than the YMCA Camp Kern and its members, staff, and volunteers, but including participants in YMCA programs. All waivers and agreements provided herein are being given as additional consideration for Camper's attendance at, and participation in the activities of, YMCA Camp Kern.

## **PERMISSION TO APPLY BUG REPELLENT AND SUNSCREEN**

I give permission to YMCA Camp Kern staff to apply bug repellent and /or sunscreen to my child if they need assistance in doing so. (If your camper has allergies to certain ingredients in either one of the above please send sunscreen and, or bug repellent that they may use while at Camp. Please mark with campers first and last name)

The undersigned has read, understands, and completed this Health Information Form and Waiver, and by signing below, intends to be legally bound.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **PUBLICITY WAIVER**

I give permission to YMCA Camp Kern to take photographs and/or audio/video recordings of my child and to use them for educational, professional, and publicity purposes for YMCA Camp Kern and the YMCA of Greater Dayton. (photos will be available for purchase by password protection on SmugMug, info will be handed out at check in)

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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