

Attention Parents and Guardians:

Please complete and sign this form. Teachers must return these forms to the Sherman Lake YMCA prior to the group's arrival at camp. ALL INFORMATION IS KEPT CONFIDENTIAL.

Sherman Lake YMCA Outdoor Center

To download the *Integrated Education overnight information packet* please go to the website www.shermanlakeymca.org 1)click on school programs 2)click on programs and activities 3)click on parent packet for overnight school groups

Registration and Health Information Form

School Name: _____ Grade: _____

Camper Information:

Name of Student _____ Nickname (if any) _____

Male or Female (please circle one) Age _____ Birth date _____

Home address _____

Street City State Zip

Custodial Parent _____ Relationship to camper _____

Phone (_____) _____ Business phone _____

Email _____

In an EMERGENCY, please contact parent listed above or:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Activities and Interests:

What camp activities most interest your camper? _____

Are there any camp activities that the camper should not participate in? _____

Dietary concerns: (Circle only if apply) Diabetic Lactose Intolerance Vegetarian Picky Eater

Behavior concerns: (Circle only if apply) Nervousness Sleep Walking Bedwetting Homesickness Psychiatric Treatment

Do you have any specific requests that you hope your camper will learn while at camp? _____

Camper's swimming ability: (please circle one) Nonswimmer Fair Good Excellent

Additional information/comments for counselor: _____

Health Information:

Past and/or present medical conditions: _____

Allergies: yes____ no____ List _____

Has your child been exposed to a communicable disease in the last three weeks?

yes____ no____ List _____

Has your child ever had a seizure yes____ no____ Explain _____

Physical limitations or restrictions yes____ no____ List_____

Special dietary needs or restrictions yes____ no____ List_____

Additional health information, special medical needs, or concerns _____

Are your child's immunizations up to date? yes____ no____

Date of last tetanus shot _____ Date of last physical exam _____

Family Physician_____ Phone (_____)_____

Family Dentist_____ Phone (_____)_____

Orthodontist_____ Phone (_____)_____

In the case of unexpected aches and pains, may over the counter medications (Tylenol, Motrin, Benadryl, etc.) be given to your camper? ___ yes ___ no

Do you have medical insurance? ___ yes ___ no Insurance company name _____

Policy or certificate # _____ Phone (_____) _____

Medications: Please send all prescription medication that your child will need at camp, also including any regularly used over the counter medications. Send only the amount of medication needed while at camp. Prescription medication bottle must state the current dosage and schedule.

Permission to dispense medication: (Please list all prescription and non-prescription):

1. MEDICATION: _____ Dose: _____

Days to be given: _____ or circle ONLY AS NEEDED

Circle time to be given: Breakfast Lunch Mid-afternoon Dinner Bedtime

2. MEDICATION: _____ Dose: _____

Days to be given: _____ or circle ONLY AS NEEDED

Circle time to be given: Breakfast Lunch Mid-afternoon Dinner Bedtime

Parent Signature Required:

This health history is correct to the best of my knowledge, and the person herein described has permission to engage in all camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp staff to order X-rays, routine test, treatment, and necessary transportation for my child or me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, for my child or me as named above. These completed forms may be photocopied for trips out of 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 Sherman Lake YMCA Camp and its staff members conducting the activities from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that my result from injury or death, accident or otherwise, during or arising in any way from the activities. I grant permission for my child or me to participate in all planned camp activities including out-of-camp trips by van or bus, hiking or horseback riding, understanding that competent leadership is provided. The YMCA is not responsible for lost, stolen, or damaged personal articles. I also authorize the Sherman Lake 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 of the Sherman Lake YMCA is binding on me personally and on my heirs, personal representatives, successors, and assigns.

Parent/Staff Signature _____ Date _____

**Anyone under the age 18 must have a parent signature. Over the age 18: This form enables you to be treated in case of emergency.
***Please note: All School Personnel that plan to attend the Sherman Lake YMCA must fill out and sign this form.