

**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](http://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 1 (\_\_\_\_) \_\_\_\_\_ Phone 2 (\_\_\_\_) \_\_\_\_\_ Phone 3 (\_\_\_\_) \_\_\_\_\_

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.