



# CAMP HAZEN YMCA

## 2017 Staff Health History Form

Fax: (860) 526-9520

Please return to camp by May 1<sup>st</sup>

Staff Name: \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_      Gender: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Cell: \_\_\_\_\_      Home: \_\_\_\_\_      Work: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_

Cell: \_\_\_\_\_      Other: \_\_\_\_\_      Relationship: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Cell: \_\_\_\_\_      Other: \_\_\_\_\_      Relationship: \_\_\_\_\_

Name of Primary Physician: \_\_\_\_\_      Phone: \_\_\_\_\_

Name of Dentist/Orthodontist: \_\_\_\_\_      Phone: \_\_\_\_\_

**If you are under 18, and take prescription medications, you must have a Medication Authorization Form signed by both your parent/guardian and the prescriber.**

Insurance Information	
Name of Carrier	_____
Name of Subscriber	_____
ID #	_____
Group #	_____
<b>PLEASE ATTACH A COPY OF THE FRONT &amp; BACK OF YOUR INSURANCE CARD</b>	

### THIS SECTION TO BE COMPLETED BY A PARENT/GUARDIAN

Please indicate if you have had any of the following injuries or illnesses:

<input type="checkbox"/> Asthma	<input type="checkbox"/> GI Disorders	<input type="checkbox"/> Psychiatric diagnosis
<input type="checkbox"/> Freq. Ear Infections	<input type="checkbox"/> Heart Problem(s)	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Muscular/skeletal Injury	<input type="checkbox"/> Other:

Please record information about any items above; any significant medical history; any hospitalization, doctor visits or surgical history of consequence in the past five years; and any other health related information or further suggestions for camp personnel (attach additional sheet if necessary)

\_\_\_\_\_

To my knowledge, this health history is correct, and the person herein described has permission to engage in all prescribed camp activities except as noted:

\_\_\_\_\_

I attest that my immunizations required for school are up to date.  
Date of last Tetanus Shot: \_\_\_/\_\_\_ (month/year)

**Signature of Staff Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian** (if under 18): \_\_\_\_\_ **Date:** \_\_\_\_\_

**HEALTH CARE AT CAMP**

Does you take medication (prescription or over the counter) on a regular basis?

- NO
- YES

**PLEASE NOTE:**

- If you require a medication that could impare your ability to perform the essential functions of your position, you must discuss the details with the Camp Healthcare Administrator.
- ALL Medication (other than Epi-Pens, asthma inhalers, or other emergency medication)
- The following medications are available in the camp Health Lodge, while camp is in session:

**OVER 18:**

During Summer Camp, the following medications are kept in stock and used to treat minor symptoms of illness/injury. They are administered by a Registered Nurse according to the Standing Orders of our Camp Physician at Wildwood Pediatrics, Essex, CT. Please CHECK any medications listed to the right that you do NOT want to be administered.

Due to State Law if you have your own medications, they MUST be kept in the Health Lodge. You will have access to them whenever you need.

**STAFF UNDER 18:**

Camp Health Care Staff may ONLY administer prescription and over-the-counter medications brought from home in the original container, with the label matching a completed **Medication Authorization Form** signed by a parent/guardian & the prescriber.

DO NOT ADMINISTER	PRODUCT	USES
ORAL		
<input type="checkbox"/>	Acetaminophen (Tylenol)	Pain relief, fever
<input type="checkbox"/>	Dimetapp Elixir, Robitussin, Comtrex, Dextromethrophan	Cold relief
<input type="checkbox"/>	Diphenhydramine (Benadryl), Chlortrimeton	Allergy - burning, itching
<input type="checkbox"/>	Dramamine	Motion sickness
<input type="checkbox"/>	Guaifenesin Syrup	Cough suppressent
<input type="checkbox"/>	Ibuprofen, Motrin	Pain relief, fever
<input type="checkbox"/>	Milk of Magnesia	Laxative
<input type="checkbox"/>	PeptoBismol, Kaopectate, Maalox	Anti-diarrhea/Stomach relief
<input type="checkbox"/>	Sudafed (pseudoephedrine), Dimetapp, Chlorpheniramine	Nasal & sinus relief
<input type="checkbox"/>	Throat Lozenges	Sore throat
<input type="checkbox"/>	Tums, Rolaids, Mylanta, Gelusil	Antacid
TOPICAL		
<input type="checkbox"/>	A&D Ointment	Skin rash
<input type="checkbox"/>	Bacitracin, Hydrogen Peroxide, Providine Ointment, Betadine	Minor cuts
<input type="checkbox"/>	Bengay	Muscle pain relief
<input type="checkbox"/>	Benzoyl Peroxide	Mild acne treatment
<input type="checkbox"/>	Caladryl, Calamine Lotion, Benadryl Lotion	Itch relief
<input type="checkbox"/>	Hydrocortisone 1%	Soothes itches, rashes, hives
<input type="checkbox"/>	Lotrimin	Antifungal
<input type="checkbox"/>	Nix Shampoo, Rid Shampoo, Pyrinate Shampoo	Lice treatment
<input type="checkbox"/>	Tinactin	Anti-fungal
EARS, EYES & MOUTH		
<input type="checkbox"/>	Anbesol, Ora-gel, Proxigel	Oral pain relief
<input type="checkbox"/>	Debrox	Earwax removal
<input type="checkbox"/>	Vinegar & Alcohol	Swimmers ear
<input type="checkbox"/>	Visine	Dry eye relief

**MEDICATION AUTHORIZATION:**

I hereby give permission to Camp Hazen YMCA medical personnel to administer any of the above medications not checked per our Standing Orders.

**Signature of Staff Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian** (if under 18): \_\_\_\_\_ **Date:** \_\_\_\_\_

Staff Name: \_\_\_\_\_

### ALLERGIES

No known allergies

I am allergic to:  Food  Medication  The environment (insect stings, hay fever, etc.)  
List ALL known. (describe usual reaction and treatment)

ALLERGY	REACTION	TREATMENT
FOOD		
MEDICATION		
OTHER		

### DIETARY REQUIREMENTS

I eat a regular diet

I do NOT eat:  Red meat  Pork  Dairy products  Poultry  Seafood  Eggs

Lactose Intolerant  Yes  No

Celiac Disease  Yes  No      Gluten Intolerant  Yes  No

Any other dietary concerns?  
\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY AUTHORIZATION

I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp. I also give permission for routine medical care as per the camp physician's standing orders for my child at Camp Hazen YMCA. I understand the camp fees do not include health and accident insurance and I will be responsible for any and all charges incurred in obtaining prompt medical attention.

Signature of Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_

## CAMPER AGREEMENT

I agree that while participating in programs at Camp Hazen YMCA:

- I will listen and follow all safety instructions given to me by Hazen Staff.
- I will be respectful of those around me.
- I will be responsible for my belongings and my actions.
- I will care for the Camp environment and the equipment I use.
- I will be honest when I do not understand and ask questions.

I understand that disrespectful behavior is not tolerated in the Hazen Community. If I am having a hard time, the following steps will be taken:

1. Conversation with Counselor
2. Conversation with Leadership Staff
3. Conversation with a Director
4. Placed on a Behavior Contract, parents will be informed.
5. Dismissal from Camp Hazen YMCA

## PARENT/GUARDIAN AUTHORIZATION, RELEASE, AND INDEMNITY WAIVER

We/I are/am the parent(s) and legal guardian(s) of the participant named above. The health history presented to the camp is correct to the best of our/my knowledge, and the applicant described on the admissions application has our/my permission to engage in any or all of the sports at Camp Hazen YMCA

- Skateboarding, roller skating, in-line skating and/or similar activities
- Climbing on natural rocks, the climbing tower, ropes course and/or the Alpine tower
- Mountain Biking
- Water Sports
- Field Sports
- And/or other program activities

("YMCA") located at 204-205 West Main Street, Chester, Connecticut ("Premises") or at any other place while involved in the program of the YMCA ("YMCA Program Location").

**CONCUSSIONS:** Campers & Staff will participate in a variety of activities while at camp, as with all physical activities there is a chance that a child may receive a concussion. In the event that a child shows signs of a concussion then they will be evaluated by a member of our healthcare staff and will be removed from activities until assessed by our camp doctor or medical facility, if it is deemed necessary.

I understand that, as in all sports there is a risk of physical injury and damage to property and hereby assume such a risk and all consequences thereof, including the risk of personal injuries to the applicant resulting from participating in any or all of these sports, and agree to be fully responsible for any personal injury or damage to the property arising out of or in connection with the applicant's use of the facilities at the YMCA Premises and/or YMCA Program Location regardless of the cause, causes or contributing causes of such injury or damage. To this end I/we, as parent(s) and legal guardian(s) of the applicant, a minor, hereby release, discharge, and covenant to hold harmless the YMCA of the USA, the Camp Hazen YMCA, Inc. and any other entity that is the landlord, or sublandlord of the Premises, and/or YMCA Program Location and all of the employees, officers and directors, agents and successors and assigns of the above from any and all claims, causes of action, actions demands, damages, costs, loss and expenses (including reasonable legal fees) which the applicant, or third party, may have, suffer or incur which in any way arise out of or in connection with applicant's use of the Premises and/or YMCA Program Location regardless of the cause, causes, or contributing causes of such injury or damage. Said release, discharge and covenant shall apply to all such causes of action whether arising or prosecuted before or after said minor applicant has reached his or her age of majority.

I/we further promise and covenant (jointly and severally) for myself/ourselves, individually and as legal guardian(s) of the applicant, and my/our heirs, administrators and executors, not to sue in any name or capacity (or implead in any action) said YMCA of the USA, the Camp Hazen YMCA, Inc. or any other entity that is the landlord or sublandlord of the Premises and/or YMCA Program Location (and/or employees, officers, agents, or successors, assigns of any of the above) for damages or injury to the property or person of the applicant or to myself/ourselves arising out of or in connection with the applicant's participation in the activities outlined above at the Premises and/or YMCA Program Location regardless of the cause, causes or contributing causes of such an injury or damage.

I authorize the applicant to participate in all planned camp activities including out of camp trips under camp auspices. I also authorize the YMCA to have and use photographs, slides or videotapes of the persons named on this application as may be needed for its records or public relations programs.

I confirm that I have reviewed all confirmation materials provided to me by the camp, and that are available on the website.

Signature of Staff Member: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_