



**HEALTH HISTORY AND EMERGENCY TREATMENT AUTHORIZATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

In case of emergency while we are at Camp Hazen YMCA, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Relationship to Family: \_\_\_\_\_

**DATE OF BIRTH:**

Please certify that you will attend nor send a student to a program at Camp Hazen YMCA if any of the following conditions are met:

- Symptoms of a respiratory infection (e.g. cough, sore throat, fever, or shortness of breath) on the day of the trip  I agree
- Presentation of a fever in the 24 hours before the trip
- Tested positive for COVID-10 in the 5 days before the trip

Any pre-existing injuries (ankles, knees, back, etc) that might be aggravated by this event?  Yes  No

Taking any current medications?  Yes  No

Any heart problems or heart medication?  Yes  No

Do you have high blood pressure?  Yes  No

Do you have any allergies (bees, insects), reactions to medications or physical limitations?  Yes  No

If you answered 'Yes' to any of the questions above, please give details below:

DIETARY REQUIREMENTS:  
 Are you a vegetarian?  Yes  No  
 Other dietary restrictions/food allergies?  Yes  No

Details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please indicate any health history/problems you feel the Camp Hazen YMCA staff should be aware of:**

\_\_\_\_\_

I hereby grant Camp Hazen YMCA and its agents' full authority to take whatever action they deem necessary regarding my health in the case of an emergency where I am not able to make the decision. I fully release Camp Hazen YMCA and its agents from any liability in connection with those decisions. I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in my best interest.

Participant Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If any participant is under the age of 18, their parent or guardian must also sign below:*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## INFORMED CONSENT/LIABILITY RELEASE

- I am aware and understand that participating in activities while at Camp Hazen, including the Alpine Tower, High Ropes Course, Climbing Wall, Low Ropes Course, skate boarding, in-line skating, mountain biking, water sports, field sports, aerobics and kickboxing involve a potential risk of physical injury. I also am aware and understand that all of the program activities are strictly voluntary, and it is my choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities and medical condition.
- I agree that I am solely responsible for my own participation and for my own physical and emotional well- being. I will not be under the influence of any chemical substance, including alcohol, while participating. The health history presented to the camp is correct to the best of my knowledge.
  - I willingly, and knowingly assume for myself, my heirs, family members, executors, administrators, and assume all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program and to hold the YMCA, its employees, its instructors, facilitators and agents harmless for any liability arising out of my participation in the program. Should the YMCA or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify (to shift the responsibility for payment of damages to someone else) and hold the YMCA harmless for all such fees and costs. This release does not, however, apply to any physical injury or emotional harm caused by negligence or willful misconduct of the YMCA, its employees, its instructors, facilitators, and agents.
  - I authorize the YMCA to have and use photographs, video footage of the person named above as needed for its records and public relations programs. The email address and mailing address provided will only be used for internal marketing purposes and will not be shared with any third parties.
  - I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

### COVID -19

#### Informed Consent:

I hereby attest that I have been informed of the following pertaining to the coronavirus:

- People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from COVID-19 can be found in [CDC's guidance](#). Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.
- Staff and children living in households with individuals who are 65 years and older OR have higher risk for severe illness from COVID-19 are recommended to take additional precautions.

Participant Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If any participant is under the age of 18, their parent or guardian must also sign below:*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_