



**YMCA CAMP CHEERIO/CHEERIO ADVENTURES
HEALTH FORM – Summer 2018**

**DO NOT MAIL
BRING TO CAMP ON OPENING DAY**

PERSONAL INFORMATION

Name _____ Birthdate _____ Age at Cheerio _____
 Last First MI
 Gender M F Parent/Guardian's Name _____ Home Telephone Number () _____
 Street Address (Not PO Box) _____ City _____ State _____ Zip _____
 Mother's Name _____ Father's Name _____
 Mother's Address (if different from above) _____ Father's Address (if different from above) _____
 City, ST, Zip _____ City, ST, Zip _____
 Mother's Work Phone () _____ Father's Work Phone () _____
 Mother's Cell Phone () _____ Father's Cell Phone () _____

IN CASE OF EMERGENCY AND PARENT IS NOT AVAILABLE CONTACT: (must be completed)

1. _____
 Name Mobile Phone Day Phone Night Phone
 2. _____
 Name Mobile Phone Day Phone Night Phone
 Camper's Physician _____ Phone () _____
 Camper's Dentist/Orthodontist _____ Phone () _____
 Health Insurance Company _____ Policy Number _____
 Company Address _____ Phone () _____
 Name of Subscriber _____ Relationship to Camper _____

YMCA CAMP CHEERIO RELEASE AND WAIVER

The term "Activities" for purposes of this release and waiver shall mean any and all activities arising out of or associated with the YMCA Camp Cheerio (as defined below) and whether or not such activities occur on or off of facilities or property of YMCA Camp Cheerio.

The term "Participant" means collectively, the undersigned and the undersigned's spouse, child, and family, including but not limited to any minor for which Participant is guardian or otherwise under the care and supervision of the undersigned. Participant executes this release and waiver on behalf of his or her self and all other parties defined as Participant.

"YMCA Camp Cheerio" shall mean The Young Men's Christian Association of High Point, Inc., a North Carolina non-profit corporation, and its programs known as Camp Cheerio, Cheerio Adventures, and any other programs of the foregoing as well as their respective employees, directors, officers, members, and agents.

(a) Assumption of Risk/Release and Waiver. Participant acknowledges and understands that there are inherent risks involved in the Activities for which Participant will engage. Participant assumes all inherent risks and other risks of the Activities and accepts responsibility for any property damage and loss for any personal injury, illness, disability, emotional distress, and/or death that Participant may suffer. Participant acknowledges YMCA Camp Cheerio does not provide accidental injury insurance. In consideration of YMCA Camp Cheerio allowing Participant to participate in the Activities, Participant agrees to release, waive, discharge, covenant not to sue, hold harmless, and indemnify YMCA Camp Cheerio from any and all claims, causes of action, liability, losses, costs, or damages arising out of or related to any property damage, property loss or theft, personal injury, disability, death or loss suffered or incurred by Participant arising out of or connected with the Activities. The undersigned Participant acknowledges that he/she has read this release and waiver and understands all of its terms. This undersigned executes it voluntarily and with full knowledge of its meaning and significance.

(b) Certification of Ability to Participate, Medical Authorization, Permission to Treat. Participant hereby certifies that to the best of Participant's knowledge, Participant is able to safely participate in the Activities for which Participant is registered. Participant hereby gives consent to the medical personnel selected by YMCA Camp Cheerio to provide and/or order medical treatment, x-rays, and/or medical testing and to provide or arrange necessary transportation for Participant, all at Participant's expense. In the event Participant cannot be reached in an emergency or otherwise give informed consent, Participant hereby gives consent to YMCA Camp Cheerio or its chosen agent to secure, and to act as Participant's agent in consenting to, medical and/or surgical treatment, including hospitalization, surgery, and/or anesthesia, and to release to any physician and/or treatment facility or hospital information relating to any medical history, treatment and/or medical insurance coverage for any Participant. This release and waiver may be relied upon as giving Participant's express consent for medical and/or surgical treatment by any physician, hospital, medical facility, or any other entity involved in the medical and/or surgical treatment of Participant. This release and waiver may be photocopied.

(c) Photography. Photographs, film, video, or other images may be taken of Participant during Activities. Participant consents to the use of images of Participant for displays, brochures, videos, and other promotional materials with no compensation to Participant.

(d) Trips and Outings. Participant gives his/her permission for any Participant who is a minor to leave the camp grounds with authorized YMCA Camp Cheerio staff for scheduled trips and outings.

(e) Rules and Regulations. Participant agrees to at all times adhere to all rules and regulations of YMCA Camp Cheerio and acknowledges receipt of such rules and regulations with regard to Participant's applicable Activities.

SIGNATURE (Parent or Guardian if under 18 years of age) _____ Relationship _____ Date _____

HEALTH HISTORY

Has the participant had or presently have (please check all that apply):

- Asthma* Diabetes* Joint Problems Seizures
 Attention Deficit Disorder Ear Infections Menstrual Problems Sleep Walking
 Bed-wetting Emotional Disorder (heavy bleeding, cramps, etc.) Other (please describe)
 Blood Disorder Fainting/Dizzy Spells Orthodontic Appliance
 (anemia, mononucleosis, hepatitis, etc.) Headache/Head Injury Recent Illness/ Injury/ Hospitalization/ Surgery

*Call camp office (336-869-0195) to request our asthma/diabetes information sheet so we may take better care of your child.

Please Explain Checked Items: _____

IMMUNIZATION HISTORY

Provide month and year. Starred (*) items must be current.

DPT _____ Hepatitis B _____ *Tetanus Booster (DT or T) _____ Haemophilus Influenza B (HIB) _____
 *Polio _____ Varicella (chicken pox) _____ *MMR _____ TB _____

MEDICATIONS * Please see the next page for instructions regarding bringing medication to camp.

DOES NOT take medications on a regular basis. DOES take routine medication. (Please list below)

| Medication | Dosage | Time(s) Taken | Purpose of Medicine |
|------------|--------|---------------|---------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |

ALLERGIES

Food Allergy Yes No Allergic to: _____
 Describe reaction if this food is eaten and what is done to manage it _____
 Other Allergies (bees, latex, environmental substances, etc.) Yes No Allergic to: _____
 Medication Allergy Yes No Allergic to: _____
 Type of Reaction _____

CABIN

MI

First

Last

NAME

INSTRUCTIONS REGARDING BRINGING MEDICATION TO CAMP

1. Prescription medications must be in **ORIGINAL PHARMACY CONTAINERS** and labeled with participants **FIRST AND LAST NAME** and with **MEDICATION NAME AND CORRECT DOSAGE INSTRUCTIONS. DOSAGE WILL NOT BE GIVEN CONTRARY TO WHAT IS WRITTEN WITHOUT A DOCTOR'S PRESCRIPTION.**
2. **Vitamins, herbals and over-the-counter medications** and other non-prescription drugs will **NOT** be accepted without a doctor's order or prescription. (The camp health center stocks benadryl, ibuprofen, tylenol, sudafed, robitussin, pepto-bismol, immodium, milk of magnesia and other common over-the-counter medicines.)
3. All such medications, vitamins, and over-the-counter preparations must be in **ORIGINAL PACKAGING** and **WITH CURRENT EXPIRATION DATES.**
4. Campers are **NOT** permitted to keep any type of medication, vitamins, herbal preparations, prescription creams and/or over-the-counter preparations with them in the cabins. (Exceptions are made on a case-by-case basis for inhalers for asthmatics.) This will be permitted **ONLY** if a second inhaler has been provided to the Health Center as a back-up should one get lost.
5. The cost of any prescription(s) filled for a camper during his/her camp stay will be borne by the parent(s). Every effort will be made to assist in achieving payment by the camper's insurance carrier. Payment for any out-of-pocket expense advanced by the camp is expected when the camper is picked up on the closing day of the camper's session.

GENERAL HISTORY

Has had the following childhood illnesses [please indicate date(s)]:

Measles _____ Chicken pox _____ German Measles _____ Mumps _____

Participant's Physician _____ Phone _____

Address _____

Participant's Dentist/Orthodontist _____ Phone _____

Address _____

If the participant receives care or takes medications for emotional, learning and/or psychological concerns, please provide background information so we might work effectively with him/her.

DIET

Eats a regular diet Vegetarian Lactose intolerant

Other (please describe) _____

ACTIVITY

No Restrictions

Restrictions (please describe) _____

MEDICAL EXAMINATION (Completed by Physician)

This information must be completed by a licensed physician or nurse practitioner based on a physical examination which must have been performed **WITHIN THE LAST YEAR.**

Date of physical examination _____ Height _____ Weight _____

Date this form is being completed _____ Blood Pressure _____

This person is under the care of a physician for the following: _____

The participant is currently receiving the following medical treatment for the above listed condition(s): _____

Treatment(s) to be continued while at Camp Cheerio: _____

Medication(s) to be administered at Camp Cheerio (include name, dosage & frequency): _____

Dietary Restrictions while at Camp Cheerio: _____

Known Allergies (to medications, food, latex or other substances) and type of reaction _____

Treatment for above-listed allergies: _____

Physical limitations or restrictions while at camp: _____

Additional health information needed for a good camp experience: _____

Signature of Physician/NP _____

Printed Name and Title: _____

Address _____ Phone _____

