

For
Office
Use
Only



YMCA CAMP PIOMINGO STAFF HEALTH EXAMINATION FORM



Date Rec'd _____

PLEASE RETURN PRIOR TO STAFF TRAINING TO:

YMCA Camp Piomingo, 1950 Otter Creek Park Road, Brandenburg, KY 40108

Staff last name _____ First name _____ MI _____

Birth date _____ Age at camp _____ Gender: Male Female _____

Home address _____ City _____ State _____ Zip _____

Custodial parent/guardian _____

Home phone _____ Cell phone _____ Email _____

Business name _____

Business address _____ City _____ State _____ Zip _____

Work phone _____ Cell phone _____

Second parent or guardian or emergency contact _____

Address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

Phone _____ Cell phone _____

If not available in an emergency, notify _____

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell phone _____

HEALTH HISTORY: Please check and attach a separate statement regarding potential problem areas:

- Recurring Strep Throat
- Heart Disorder
- Serious Injuries
- Frequent Ear Infections
- Sleep Walking
- Severe Headaches/Migraines
- Chronic Cough
- Bed Wetting
- Hepatitis
- Asthma
- Fainting
- Infectious Mononucleosis
- Chronic Constipation
- Seizures
- Tuberculosis
- Kidney Problem/Urinary Tract Infection
- ADD/ADHD Learning Disabilities
- Chicken Pox
- Other: _____

Allergic Reactions: (Please give details)

Insect stings _____ Poison ivy/oak _____

Drugs _____ Other _____

Have you been evaluated or received treatment or counseling by a psychologist or physician for an emotional or behavioral problem, including hyperactivity? Yes No If so, on a separate statement, please help us understand how to effectively address these concerns.

Are there other special concerns regarding your health or medical history? (attach separate statement, if necessary) _____

Cabin or Group Year _____

Name _____

Restrictions

The following dietary restrictions apply to this individual:

- | | | |
|---|---|--|
| <input type="checkbox"/> Does not eat eggs | <input type="checkbox"/> Does not eat poultry | <input type="checkbox"/> Does not eat seafood |
| <input type="checkbox"/> Does not eat red meat | <input type="checkbox"/> Does not eat pork | <input type="checkbox"/> Does not eat dairy products |
| <input type="checkbox"/> Other (describe) _____ | | |

NOTE:

- **Please write or call the camp if you have been exposed to or have contracted any potentially serious communicable disease (such as chicken pox, hepatitis, meningitis, etc.) during the three weeks prior to camp attendance.**
- **In order to complete the registration process, this form (no substitutions) must be received by Staff Training for medical staff review. Without this completed form in our records prior to camp you will be unable to attend.**

We are proud of our health center, which may be staffed by experienced registered nurses and LPNs, nurse practitioners, or E.M.T.'s. YMCA Camp Piomingo has physician on call 24 hours who is available for medical situations which require such attention or services. In the event of unforeseen circumstances, it is essential that you or your guardian sign the following statement.

Important - This box must be complete for attendance*

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child.

In the event the emergency contacts cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person names above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian or adult staff if over 18 years of age _____

Printed name _____ Date _____

! IMPORTANT: THIS FORM (NO SUBSTITUTIONS) MUST BE RECEIVED AT YMCA CAMP PIOMINGO BY JUNE 1st!

Please attach a copy (front and back) of your insurance card.

**ATTACH INSURANCE CARD
FRONT HERE**

**ATTACH INSURANCE CARD
BACK HERE**

Participation Agreement

By signing this form, I understand that I am giving permission to my child to participate in YMCA Camp Piomingo summer camp programs. Furthermore, I understand that certain risks may be involved with participation in Camp Piomingo programs, activities and clinics that may be considered "High Risk" (i.e. Equestrian, Challenge Ropes Course, Climbing, Whitewater Rafting, Kayaking, Mountain Boarding, Canoeing etc).

I also understand by signing this form, I acknowledge that during Camp Piomingo programs, activities, and clinics that I may or may not participate in, that certain risks and dangers may occur. These include but are not limited to, being at various heights (ground to 50'), accident or illness in remote places, forces of nature, travel by air, train, boat, automobile, or other conveyance, loss or damage to personal property, physical or psychological damage and/or injury not excluding fatality due to accidents which may occur. I further understand that medical treatment may be several minutes to hours away in the event of a medical emergency. I further state that by signing this form, I agree to assume myself, my heirs, and executors all risks of physical injury or emotional upset which may be a result of my participation in a Camp Piomingo summer camp program. In addition, I agree to release from liability YMCA Camp Piomingo, its board of management, officers, employees, agents, and/or associates in the event of such result.

The terms hereof and my signature on this document shall bind my heirs, representatives, executors, and administrators, successors, and assigns and for all members of my family, including any minors accompanying me.

Name of Participant _____ (Please print)

Signature of Parent or Guardian if staff us under 18 years of age _____ Date _____

Signature of Witness _____ Date _____