

YMCA CAMP PIOMINGO HEALTH EXAMINATION FORM

THIS SIDE TO BE COMPLETED BY PARENT OR GUARDIAN AND SIGNED PRIOR TO REVIEW BY A PHYSICIAN.

PLEASE RETURN PRIOR TO JUNE 1st TO:

Scan and email to piomingo@ymcacamppiomingo.org OR mail copies of all forms to
YMCA Camp Piomingo, 1950 Otter Creek Park Road, Brandenburg, KY 40108

Camper 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 _____

Home Phone _____ Cell phone _____ Work Phone _____

If not available in an emergency, notify _____

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell phone _____ Work Phone _____

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

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

For female campers – Has your daughter menstruated? Yes No Has she been told about menstruation? Yes No

Allergic Reactions: (Please give details)

Insect stings _____ Poison ivy/oak _____

Medications _____ Other _____

Has your child 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 child's health or medical history? (attach separate statement, if necessary)

Restrictions

The following dietary restrictions apply to this individual:

- Does not eat eggs
- Does not eat poultry
- Does not eat seafood
- Does not eat red meat
- Does not eat pork
- Does not eat dairy products
- Other describe) _____

NOTE:

- Please write or call the camp if your child is exposed to or has 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 June 1st for medical staff review. Without this completed form in our records prior to camp your child 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 the parent or guardian sign the following statement.

Important – This box must be complete for attendance*

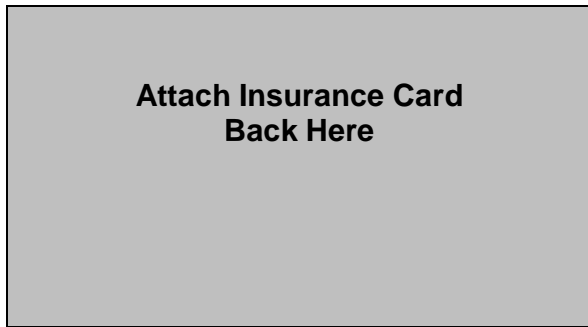
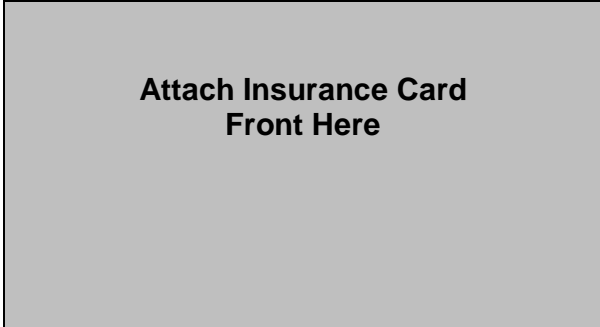
Parent/Guardian Authorizations: This health history is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency 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 I 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 camper/staffer _____

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.



Participation Agreement

By signing this form, I understand that I am giving permission for 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 my child 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 for my child, myself, my heirs, and executors all risks of physical injury or emotional upset which may be a result of my child's 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 of Guardian _____ Date _____

Signature of Witness _____ Date _____

YMCA Camp Piomingo PHYSICAL EXAMINATION FORM

To be completed and signed by a **licensed physician** within **12 months** prior to camper's arrival at camp for any camping session.

Camper's Name _____ Program/Session _____

THE OBJECTIVES OF THIS EXAMINATION ARE TO DETERMINE THAT THIS CHILD:

1. IS PHYSICALLY FIT TO ENGAGE IN STRENUOUS ACTIVITIES WITHOUT HARM TO HIM/HERSELF OR OTHERS.
2. HAS NO SIGNIFICANT INFECTIOUS CONDITION THAT COULD BE TRANSMITTED TO OTHERS.
3. HAS NO EMOTIONAL OR PHYSICAL DISORDER THAT COULD NOT BE CARED FOR UNDER THE ROUTINE OPERATIONS AND PROGRAMS OF CAMP. (SOME SPECIAL CONDITIONS MAY BE HANDLED.)

Height _____ Weight _____ B.P. _____

Code: Normal; Abnormal (please explain)

- | | |
|----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Skin _____ | <input type="checkbox"/> Nose _____ |
| <input type="checkbox"/> Chest _____ | <input type="checkbox"/> Extremities _____ |
| <input type="checkbox"/> Eyes _____ | <input type="checkbox"/> Throat _____ |
| <input type="checkbox"/> Heart _____ | <input type="checkbox"/> Spine _____ |
| <input type="checkbox"/> Ears _____ | <input type="checkbox"/> Teeth _____ |
| <input type="checkbox"/> Abdomen _____ | <input type="checkbox"/> Neurologic _____ |

Menstrual History: Regularity _____ Duration _____ Cramping _____

Recommendations and restrictions (diet, activity restrictions): _____

Allergies: _____

Does camper have chronic medical problems, emotional difficulties or behavioral issues that you are aware of? Yes No

If yes, please describe the condition: _____

No routine medications or nutritional supplements will be administered without documentation from the physician. Please list these:

MY SIGNATURE INDICATES I have reviewed the Health History on the reverse side of this form as well as examined this patient on _____ (date of exam – within 12 months of arrival at Camp).

SIGNATURE OF PHYSICIAN _____ Phone _____

Address _____

IMPORTANT: THIS FORM (NO SUBSTITUTIONS) MUST BE RECEIVED AT YMCA CAMP PIOMINGO BY JUNE 1st
Scan and email to piomingo@ymcacamppiomingo.org OR mail copies of all forms to
YMCA Camp Piomingo, 1950 Otter Creek Park Road, Brandenburg, KY 40108

! ATTACH A COPY OF IMMUNIZATION RECORDS !