



YMCA CAMP LETTS 2020 OVERNIGHT CAMP General Information

Camper Last Name:			Camper First Name:		Session(s):
Male: _____	Female: _____	Grade Entering in Fall:	Birth Date: ___/___/___		Age at Camp:
Street Address:		Town/City:	State and Zip:		

All individuals including parents or legal guardian picking up a child must be listed on the form below. Campers will not be released to anyone regardless of relationship or legal status unless their name and date of birth can be verified by our staff. Any one picking up a child must present a current form of a PHOTO ID EVERY TIME matching their name and date of birth as it appears on this pick up list. We at YMCA Camp Letts take our responsibility for the welfare of your child VERY seriously. In the event of an emergency we will call those listed below in order, to pass on any pertinent information to you.

Primary Contact and Emergency Pick Up Authorization					
Last Name:		First Name:		Relationship to Camper:	
Street Address:		Town/City:		State and Zip:	
Primary Phone Number:		Secondary Phone:		Email:	
				Date of Birth:	

Additional Emergency Contact and Pick Up Authorization							
Name:		Primary Phone:		Relationship to Camper:		DOB:	
Name:		Primary Phone:		Relationship to Camper:		DOB:	

Do you have a family membership at the YMCA?		NO	YES	If yes, please provide branch and member number:	
<i>Cabin Mate Request: If possible which one friend would like to request as a cabin mate. Must be same age and gender.</i>					

The above parent/guardian's listed are authorized to pick up. If you would like to add anyone else to be authorized to pick up, please list the first and last name, birth date, and phone number.

List anyone PROHIBITED from picking up your child:

Camper Sign Out: You will sign this portion when you pick up your child from camp. I am picking up the above named child from YMCA Camp Letts and I am assuming responsibility for them.

Name:		Signature:		Date:
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YMCA CAMP LETTS 2020 OVERNIGHT CAMP Health History, Part I

CAMPER HEALTH HISTORY

Camper Last Name:	Camper First Name:
1 st Emergency Contact:	Phone:
2 nd Emergency Contact:	Phone:
Name of Camper's Physician:	Physician's Phone:
Health Insurance Policy Holder Name/Relationship to Camper:	Health Insurance Company:
Health Insurance Member ID Number:	Health Insurance Group Number:
ALL campers must have a copy of a valid health insurance card on file. <input type="checkbox"/> Copy of Health Insurance card attached.	

GENERAL HEALTH HISTORY

Please check "YES" or "NO" for each statement.		YES	NO	Please check "YES" or "NO" for each statement.		YES	NO
1	Have any recent injury, illness, or infectious disease?			12	Ever passed out, been dizzy or had chest pain during or after exercise?		
2	Have chronic/recurring illness or infectious disease?*			13	Have an orthodontic appliance to bring to camp?		
3	Ever been hospitalized?			14	Have any skin problems (e.g. itching, rash, acne)?		
4	Ever had surgery?			15	Have diabetes?*		
5	Have frequent headaches?			16	Have asthma, wheezing, shortness of breath?*		
6	Ever had a head injury?			17	Had mononucleosis in the past 12 months?		
7	Wears glasses, contacts or protective eyewear?			18	Had problems with constipation or diarrhea?		
8	Ever had frequent ear infections?			19	Have problems with sleepwalking?		
9	Ever had back/joint problems?			20	If female, have an abnormal menstrual history?		
10	Ever had seizures?*			21	Have a history of bedwetting?		
11	Ever had high blood pressure?*			22	Have any allergies?*		

Explain "yes" answers in the space below. If necessary, attach additional pages:

ALLERGY INFORMATION

Please check one box below: No known allergies Has allergies (please describe below)

What is the camper allergic to?	What is the typical reaction?	What treatment is needed?

Please attach additional information/pages if necessary.



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YMCA CAMP LETTS 2020 OVERNIGHT CAMP Health History, Part II

MEDICATION INFORMATION

Check the applicable statement below:

- My camper **WILL NOT** bring/take medication, vitamins, or supplements while attending camp.
- My camper **WILL** bring/take medication, vitamins, or supplements while attending camp.*
*Medication Administration Authorization Form is required.

DIETARY INFORMATION

- Eats regular diet
- Eats regular vegetarian diet
- Lactose Intolerant
- Glucose Intolerant
- Other (please specify below)


Notes about camper's diet:

MENTAL, EMOTIONAL, AND SOCIAL INFORMATION

Please check "YES" or "NO" for each statement.		YES	NO	Please check "YES" or "NO" for each statement.		YES	NO
1	Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (ADHD)?			4	In the past 12 months, seen a professional to address mental/emotional health concerns?		
2	Ever been treated for emotional/behavioral difficulties?			5	Had a significant life event that continues to affect the camper's life? (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, etc.)		
3	Ever been treated for an eating disorder?			6	Are there any issues that we should be aware of in order to help make this a positive experience?		

Explain "yes" answers in the space below:

IMMUNIZATION INFORMATION

For campers who reside within the United States, a United States territory, or the District of Columbia: 1. State/territory in which camper resides: 2. Is this camper exempt from any immunizations? If YES, List them:	 OR	For campers who reside outside the United States, a United States territory, or the District of Columbia: 1. Country in which camper resides: Attach Department form DHMH-896
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I certify that my child has received and is up-to-date on all immunizations required for school attendance in the state where s/he live/attends. If my child has not received required immunizations, I certify the appropriate exemptions or exceptions have been recorded with my child's school. I understand and accept the risks of my child not being fully immunized per state requirements. I certify that this health history is correct and accurately reflects the health status of the camper to whom it pertains.

I hereby understand that the Medication Administration Authorization portion MUST be signed by the prescribing physician. I further understand that NO prescription and/or non-prescription medication will be administered unless the Medication Administration Authorization form is signed by the prescribing physician and medication is correctly packaged/labelled as described in the Parent Handbook.

Parent/Guardian Signature:	Date:
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Camper Last Name:	Camper First Name:	Session(s):
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WAIVER / ACKNOWLEDGEMENT

I expressly acknowledge that there are certain dangers, risks, illnesses and personal injuries inherent in participating in the YMCA's programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, sports programs/classes, the use of any equipment, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, horseback riding, archery, field trips, waterfront and pool activities, canoeing/boating, campfires, hiking, high ropes and other challenge courses, or any other activities, classes, events, or programs at and/or sponsored by the YMCA. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events, activities, programs, or classes while at the YMCA and/or sponsored by the YMCA.

I also acknowledge that the YMCA often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.

RELEASE

In consideration of the YMCA allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the YMCA and/or sponsored by the YMCA, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of the YMCA and its employees, agents, or representatives or from some other cause. My agreement to release the YMCA does not include any loss, damage or injury that results from the YMCA's gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the YMCA and its employees, agents, counselors, teachers, trainers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.

INDEMNIFICATION

I hereby represent and warrant to the YMCA that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the YMCA arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend the YMCA from and against any and all liability, claims, losses, costs, expenses or damages resulting there, from, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of the YMCA or from some other cause.

ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

Signature of Participant or Parent/Guardian of Participant(s) under the Age of 18:		Date:
Address and Telephone Number of Participant or Parent/Guardian of Participant(s):		
Name(s) and Age(s) of Participant(s) under the age of 18:		
Name of Emergency Contact:	Phone of Emergency Contact:	



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YMCA CAMP LETTS

Medication Administration Authorization

Camper Last Name:		Camper First Name:			
I. CAMP OPERATOR					
<p>This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.</p> <ul style="list-style-type: none"> • Prescription medication must be in a container labeled by the pharmacist or prescriber. • Non-prescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines. • An adult must bring the medication to the camp and give the medication to an adult staff member. 					
II. CAMP INFORMATION					
Youth Camp Name: YMCA CAMP LETTS					
Camp Address: 4003 Camp Letts Road, Edgewater, MD 21037					
III. PRESCRIBER'S AUTHORIZATION					
Camper Name:		Date of Birth:			
Condition for which medication is being administered:		Emergency Medication:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO				
Medication Name:	Dose:	Route:			
Time/Frequency of Medication:		If PRN, frequency:			
If PRN, for what symptoms:					
Known side effects to child:					
Medication shall be administered: <i>(not to exceed 1 year)</i>		From:	To:		
Prescribers Name/Title:		This space may be used for prescribers address stamp.			
Telephone:	Fax:				
Address:					
City:	State:			Zip Code:	
Prescriber signature, or signature stamp: (Parent cannot sign) :					
IV. PARENT/GUARDIAN AUTHORIZATION					
<p>I request the authorized youth camp operator/staff to administer the medication or supervise the camper in self administration if authorized as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA.</p>					
Parent/Guardian Signature:		Date:			
Cell Phone:	Home Phone:	Work Phone:			
V. AUTHORIZATION FOR SELF ADMINISTRATION AND SELF CARRY					
<p>I consent that the child named above is able to self administer the medication listed. I authorize self administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. The child named above may self carry emergency medication if indicated below.</p>					
Prescribers Signature:	Self Carry Emergency Medication:		Date:		
	Yes _____	No _____		Not an Emergency Med: _____	
Prescribers Signature:	Self Carry Emergency Medication:		Date:		
	Yes _____	No _____		Not an Emergency Med: _____	

Department of Health & Mental Hygiene (DHMH)
Center for Healthy Homes and Community Services (CHHCS) - (410) 767-8417 - Toll Free 1-877-4MD-DHMH ext. 8417
DHMH-4758 (01/2015)