

SECTION 1: CONTACT INFORMATION

Primary Parent or Guardian: _____ Secondary Parent or Guardian: _____
Home Address: _____ Home Address: _____
Home Phone: _____ Work or Cell Phone: _____ Home Phone: _____ Work or Cell Phone: _____
Employer/School Name: _____ Employer/School Name: _____
Employer Address: _____ Employer Address: _____
Employer/School Phone: _____ Daily Work/School Times: _____ Employer/School Phone: _____ Daily Work/School Times: _____

If not available in an emergency, notify:

Name: _____ Home Phone: _____ Work or Cell Phone: _____
Relationship: _____ Address: _____

SECTION 2: AUTHORIZATIONS (MUST BE COMPLETED TO PARTICIPATE)

Field Trip Permission: I give permission for my child _____, to go on any field trips supervised by the Ann Arbor YMCA Day Camp Staff. I understand that many trips consist of short walks to nearby locations. I understand further that I will be notified in advance about any longer trips and that, if any vehicle is used to transport my child, each child will be required to wear a seat belt or be placed in a car seat that I would provide.

Parent/Guardian Signature _____ Date _____

Photography and Recording Permission: I hereby irrevocably release, consent and allow the Ann Arbor YMCA and its agents to use and reproduce any and all photographs or video footage taken of me or my dependent(s) for Ann Arbor YMCA purposes. I understand that I/my dependent(s) receive no reimbursement for allowing my photo to be taken or for the use of the photo or video.

Parent/Guardian Signature _____ Date _____

Liability: I understand the physical activities which my child may participate in at the YMCA include, but may not be limited to: swimming, mountain biking, and playing sports. I agree to assume all liability and release the YMCA from any liability for the risk of injury, illness or death on account of my child's presence in a YMCA facility or on account of my child's involvement in any activity at a YMCA facility whether caused by negligence of the YMCA or another person on the premises or at the sponsored activity.

Parent/Guardian Signature _____ Date _____

Swimming: I give permission for my child _____, to swim during planned trips to the pool. A lifeguard will always be present when my child swims during a YMCA program.

Parent/Guardian Signature _____ Date _____

Sunscreen/Bug Spray: My child (circle one) **should** **should not** wear sunscreen while being outdoors. Please apply first application at home. Sunscreen should be supplied by you, the parent. I understand that selecting "should" allows staff to apply sunscreen to my child. Special arrangements for consistent application can be made with the staff.

My child (circle one) **should** **should not** wear bug spray while being outdoors. Please apply first application at home. Bug spray should be supplied by you, the parent. I understand that selecting "should" allows staff to apply bug spray to my child. Special arrangements for consistent application can be made with the staff.

Parent/Guardian Signature _____ Date _____

Physical Health: I hereby attest that my child _____ is in good health. Further more any activity restrictions, allergies, medications taken by the child, or any other needs are listed in the Health Information Form. Immunization records or appropriate waivers are up to date and on file with my child's school.

Parent/Guardian Signature _____ Date _____

Parent Planner Acknowledgement: I have read and understand in full the content of the Parent Planner. Furthermore I agree to follow the policies and guidelines covered in the planner.

Parent/Guardian Signature _____ Date _____

SECTION 3: CAMPER RELEASE FORM

The camper may be picked up from Ann Arbor YMCA Day Camps by the following person(s):

Mother(s) and/or Father(s) Mother only Father only

OR, Ann Arbor YMCA has my permission to release the above named camper to the following people:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of parent or guardian: _____ Date: _____

SECTION 4: PERMISSION TO TREAT *(Required for Participation)*

I give permission to the Ann Arbor YMCA, licensed by the Department of Human Services, to provide routine health care, dispense medications and secure emergency medical and/or emergency surgical treatment to my child while in care.

Parent/Guardian Signature _____ Date _____

SECTION 5: MEDICATION *All medications must be sent to camp in original containers*

- The participant **does not take** any medications on a routine basis **OR**
 The participant takes the following **routine medications** (incl. over-the-counter/non-prescription medications):

Name of Medication	Strength (e.g. "100 mg")	Dosage (e.g. "2 pills")	Time of day? (e.g. "before dinner")	Prescribing Physician	Reason for Taking (e.g. "allergies")	Other Instructions

- The participant takes the following medications **AS NEEDED** (includes inhalers, epi-pens, oral medications, topical medications or skin medications)

Name of Medication	Strength (e.g. "100 mg")	Dosage (e.g. "2 pills")	Instructions for use if needed	Prescribing Physician	Reason for Taking	Other Instructions

SECTION 6: ALLERGIES/DIETARY RESTRICTIONS *(To medicine, food, insect stings or bites, etc.)*

- The participant does not have any known allergies **OR**
 The participant has the following known allergies (peanut, seafood, bee stings, etc.): **IF APPLICABLE, PLEASE ATTACH COPY OF ALLERGY PLAN**

Allergy	Reaction	Management of Reaction

SECTION 7: PARTICIPANT'S HEALTH CARE PROVIDERS

Preferred Hospital in event of Emergency: _____

Primary Physician or Health Clinic: _____ Phone: _____

Address: _____ Health Insurance Carrier: _____ Policy Number: _____

SECTION 8: HOSPITALIZATION/SURGERY HISTORY

Has the participant ever been hospitalized overnight, had any serious injuries (including sports-related injuries) or had any type of surgery?

- No Yes—please explain below

Age **Problem/Type of Surgery**

SECTION 9: GENERAL HEALTH HISTORY

Please attach a copy of Immunization Record (REQUIRED)

Please check below if the participant has or has had any of the following medical problems:

- | | | | | |
|--|---|---|-------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Headaches | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eating Disorder |
| <input type="checkbox"/> Seizures/Epilepsy | <input type="checkbox"/> Bladder/Kidney Infection | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Depression | <input type="checkbox"/> Sleep Problems |
| <input type="checkbox"/> Hay Fever/Allergies | <input type="checkbox"/> Vision or Hearing Problems | <input type="checkbox"/> Scoliosis | <input type="checkbox"/> Hernia | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Back Problems | <input type="checkbox"/> Diarrhea/Constipation | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Anemia | <input type="checkbox"/> Heat Illness |

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Chicken Pox (age: _____) | <input type="checkbox"/> Sickle Cell Anemia or Trait | <input type="checkbox"/> Abnormal/painful menses | <input type="checkbox"/> Passed out during or after exercise |
| <input type="checkbox"/> Bleeding or Clotting Disorder | <input type="checkbox"/> Anaphylactic Reaction | <input type="checkbox"/> ADD/ADHD/Learning Disorder | <input type="checkbox"/> Chest pain during or after exercise |
| <input type="checkbox"/> Skin problems (circle any that apply): rash eczema blisters itch acne infection warts scabs fungal | | | |

Other _____

Please explain any special conditions/activity restrictions: _____

IF APPLICABLE, PLEASE ATTACH COPY OF ASTHMA PLAN