



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA of Columbia – Willamette

### SUMMER DAY CAMP 2012 EMERGENCY/HEALTH FORM

Please complete in full and submit to the YMCA Program Office (9500 SW Barbur Blvd. #240 Portland, OR 97219 or [ychildcare@ymcacw.org](mailto:ychildcare@ymcacw.org)). Each child needs a separate Health Form. This Health form must be received at least 2 weeks in advance of your child's 1<sup>st</sup> week of attendance. This is not a registration form.

#### PARTICIPANT INFORMATION

Camp Location \_\_\_\_\_

Adventure \_\_\_\_\_ Breakaway \_\_\_\_\_

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ M \_\_\_ F \_\_\_ Grade in Fall 2012 \_\_\_

#### 1<sup>st</sup> Parent/Guardian

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

#### 2nd Parent/Guardian

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

#### EMERGENCY CONTACT(S) OTHER THAN PARENT(S) AUTHORIZED TO PICK UP CHILD(REN)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

# SUMMER DAY CAMP 2012 EMERGENCY/HEALTH FORM

## EMERGENCY MEDICAL INFORMATION

Camper's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

### CHECK EACH ITEM INDICATING APPROVAL

- In an emergency, the YMCA has my permission to obtain medical treatment for my child, call and ambulance or transport my child to any available physician or hospital at my expense, with the following restrictions (if applicable) \_\_\_\_\_
- I do not wish my child to receive any medical treatment.
- My child may be given medication. I understand the Medical Authorization Form must be completed prior to administering.
- My child may participate in YMCA field trips. I understand that school bus, van, or public transportation may be used.
- My child may participate in swimming or other water activities.
- My child may be photographed for publicity or news purposes.
- If needed, the YMCA has my permission to help administer sunscreen. I understand that I need to provide lotion and label with my child's name

Date of last tetanus \_\_\_\_\_ Date of last doctor visit \_\_\_\_\_

Does your child have any allergies? Please list \_\_\_\_\_

Are there any special medical conditions, special needs, or restrictions to be aware of? Please list \_\_\_\_\_

Child's physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's dentist \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_ Health Insurance Company \_\_\_\_\_

Group Number \_\_\_\_\_ Name on Policy \_\_\_\_\_

**Ethnicity:** White \_\_\_\_\_ African American \_\_\_\_\_ Native American \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Hispanic \_\_\_\_\_

Additional Category, List \_\_\_\_\_

Monthly Gross Income: \$0-\$500 \_\_\_\_\_ \$501-\$1000 \_\_\_\_\_ \$1001-\$1597 \_\_\_\_\_ \$1598-\$2000 \_\_\_\_\_  
\$2001-\$2500 \_\_\_\_\_ \$2501-\$4021 \_\_\_\_\_ \$4022+ \_\_\_\_\_

Household Status: Single parent \_\_\_\_\_ Dual parent \_\_\_\_\_ Number of people in household \_\_\_\_\_

### AUTHORIZATION

**I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children which might arise directly or indirectly as a result, and or participate in a YMCA of Columbia-Willamette (YMCA) program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the YMCA, the various branches and divisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Trustees of the YMCA, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assigns.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Parent's Name \_\_\_\_\_