

# YMCA CAMP LAKEWOOD HEALTH FORM

*Camp Lakewood does NOT carry health/accident insurance for O.E. Participants.*

Name of Student: \_\_\_\_\_

Student's Age: \_\_\_\_\_ Student's Birthdate: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone #: \_\_\_\_\_

Parents or Guardian: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Mother's Work #: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Subscriber: \_\_\_\_\_ Subscriber SSN: \_\_\_\_\_

**If parents are not available in an emergency, notify:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

## Medications

All prescription and over-the-counter medications must be turned in to the teachers at school. Please send medicine in the original container and label. Please complete the following:

| Name of Medication | Dosage | How Often | When  |
|--------------------|--------|-----------|-------|
| _____              | _____  | _____     | _____ |
| _____              | _____  | _____     | _____ |
| _____              | _____  | _____     | _____ |
| _____              | _____  | _____     | _____ |

**Does your child have any problems with the following?**

|                      |     |    |                       |     |    |
|----------------------|-----|----|-----------------------|-----|----|
| Asthma               | yes | no | Environment Allergies | yes | no |
| Allergies to insects | yes | no | Seizures              | yes | no |
| Hearing Loss         | yes | no | Sleep Walking         | yes | no |
| Diabetes             | yes | no | Heart Problems        | yes | no |
| Bed Wetting          | yes | no |                       |     |    |

If yes, please explain: \_\_\_\_\_

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Does your child have any other serious medical problems?                      Yes                      No

If yes, please explain: \_\_\_\_\_

Has your child been under a physician's care recently?                      Yes                      No

If yes, please explain: \_\_\_\_\_

Has your child ever spent a night away from home and family?                      Yes                      No

If you have any doubts that your child is in good health, have him/her checked by your family doctor and forward the report to the school. Please do not send your child if he/she has cold or flu symptoms. Students medically unable to participate in the O.E. Program will be sent home.

Does your child have any allergies to food? \_\_\_\_\_

Any allergies to medications? \_\_\_\_\_

Diet restrictions/vegetarian? \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

To the best of my knowledge the above information given is correct and my child has permission to engage in all camp activities. I have read and understand the health information listed on this form. I hereby give my permission to YMCA Camp Lakewood and the attending school to secure emergency and routine medical care for the student named above while attending the O.E. Program.

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

## HEALTH INFORMATION

1. YMCA Camp Lakewood does NOT carry health/accident insurance for OE group participants. The parents/guardians are responsible for payment of any and all expenses incurred during medical treatment.
2. We strongly advise groups to gather, in writing, the names and addresses of all participants, emergency contact names and numbers, a listing of any persons with known allergies or health conditions requiring treatment, restriction, or other accommodation while on site, and for minors without a parent on-site, signed permission to seek emergency treatment or a signed religious waiver.
3. YMCA Camp Lakewood does NOT provide a nurse during OE season. It is the responsibility of the attending group to appoint a health officer to handle medications, to provide first aid, emergency care and emergency transportation. Some schools may choose to provide a nurse for the duration of their OE experience. We strongly advise groups to bring medical personnel with them who are First Aid/CPR certified by a nationally recognized provider. The health officer should record the treatment given or medication dispensed in the health log.
4. Groups are responsible for the collection of all participant medications, including over the counter medicines such as vitamins, cough drops, aspirin, etc. The health officer will collect, secure, and dispense all of the group's medicine. American Camping Association does not permit students or cabin staff to have any medicine in their possession.
  - A. If a student must take an over-the-counter medication on a regular basis (such as aspirin, throat spray or Benadryl), the parent should provide this, with written instructions.
  - B. Prescription medications should be in original container with original instructions for teachers or nurse to dispense.
  - C. All medicines should be clearly marked with the name of the student, dosage, and schedule.
  - D. If the dosage or schedule as listed on prescription labels is different from the schedule to be used at camp, a written explanation should accompany the change.
  - E. Please do not combine two or more medicines in one container.
5. Groups are responsible for collecting a completed "YMCA Camp Lakewood OE Health Form" and a "Health Release Form". Missing or unsigned forms do not allow the health officer to administer any medication or give medical treatment, and these students will not be allowed to participate in any activities until such information is received. The school is responsible for securing and bringing the completed forms.
6. No person will be denied proper medical care. In the event that someone would require emergency medical care, an Emergency Medical Ambulance will be called, but it is not the YMCA's responsibility to provide or cover the cost of emergency transportation.
7. In the event a parent/guardian needs to be contacted for medical problems, the group leader will contact the parents prior to treatment. Whenever possible, the parent's desires regarding further treatment will be honored, unless an emergency situation dictates otherwise.
8. At all times, if a child is to be sent home for medical reasons by the teacher or nurse, the respective school will make a call to the parents.
9. On the last day of the OE group's stay, it will be the responsibility of the health officer to return the medicines to the respective participants.

**I have read and understand these policies and have passed them on to the members of my group:**

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**Group Contact**

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**Date**

# YMCA CAMP LAKEWOOD HEALTH INSURANCE RELEASE FORM

I, the undersigned parent or guardian, understand that YMCA Camp Lakewood does NOT carry Health or Medical Insurance coverage for group participants.

I understand that I am responsible for payment of any and all expenses incurred for medical treatment of the student named below. YMCA Camp Lakewood is NOT responsible for payment of any medical expenses incurred during participation in the Outdoor Education program, including expenses related to emergency transportation.

Name of School: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Address of Participant: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Note to Group Leader: Please return completed form to Camp Lakewood Outdoor Education office upon arrival.