



# YMCA CAMP SPAULDING

## Health Form

Only for those who do not have an email address for CampDoc

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list off any Physical Restrictions or Special Dietary Needs your camper has.

---



---



---

Please list any Allergies your camper has and if he/she carry an EpiPen for them.

---



---



---

Please give us any information about medical/psychological conditions and medications your child takes. Please be accurate as the information given must match what is on the original bottle. (please attach a sheet if more information is needed than the space provides for) . If your child has a condition but does not take medication, please list that here to.

Med/Psych Conditions	Medication Taken	Time of Day Taken	Dosage

Any medication coming to camp must be in its original bottle with dosage and in a ziplock bag with the campers name on it.

## Additional Information and Medical Waivers

The additional forms are needed to complete the medical form.

- Most recent physical of the camper (within 2 years/school form is acceptable)
- Immunization Records for camper
- Medical Insurance Card for camper

**These documents should be turned in with this medical form.**

### Waivers

Please read the following and check the box if you understand and agree to what is here.

- I hereby give permission for the staff of the YMCA of Greater Nashua to provide simple first aid treatment to my child, when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in a hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by the camp program personnel as soon as possible regarding any emergency involving my child.
- I give permission for YMCA Camp Spaulding to administer medication to my camper, given a prescription or over the counter medication, as necessary.
- I give permission for my child to be transported to and from the YMCA on the bus provided (if applicable). The permission includes any field trips/horseback riding/off site trip.
- The YMCA of Greater Nashua does not carry any form of accident/illness insurance on campers. Parents/guardians are responsible for medical and/or pharmaceutical expenses incurred while at camp.
- I have received an electronic or paper copy of the camp handbook.

### Photo Release

I hereby give the YMCA of Greater Nashua, Child and Family Services of New Hampshire, the Concord Family YMCA, their legal representatives, successors, and assigns, or those for whom it is acting, and all persons and corporations acting with their permission or upon its authority absolute right and permission to take, copyright, use, and publish photographs, quotes, testimonials, press releases, video, audio, or other-of or concerning the above mentioned camper, in whole, in part, or in composite, in any and all media, for the purposes of promoting or telling the story of YMCA Camp Spaulding.

I agree that photos/video/audio materials become the exclusive property of the above organizations and I waive all rights thereto. I waive all rights to inspect and/or approve any text/audio that may be used in conjunction with photographs or video footage and the use to which it may be applied.

I represent that I am over the age of eighteen (18) years and I have read the foregoing and fully understand its contents. This release shall be binding upon me, my heirs, legal representatives, and assigns. No modification of this agreement shall be of any effect unless it is made in writing and signed by all parties in the agreement.

By signing this box, I am hereby agreeing to this release.

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

# Medical Questionnaire

Current Healthcare Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The following information is needed in order to make sure we provide the highest level of care to you camper. Please answer all of the following questions as accurately as possible for your camper. If the answer is "Yes" to any questions, please provide more information below.

Have you ever:

Been Hospitalized:	YES	NO	Had Headaches:	YES	NO
Had Surgery:	YES	NO	Had diarrhea/constipation:	YES	NO
Had a recent infections disease:	YES	NO	Had a history of bedwetting:	YES	NO
Had a recent injury:	YES	NO	Had problems with sleep:	YES	NO
Had asthma:	YES	NO	Wear corrective eye wear:	YES	NO
Passed out/had chest pain:	YES	NO	Had back/joint problems:	YES	NO
Had seizures:	YES	NO	Have any skin problems:	YES	NO
Had fainting or dizziness:	YES	NO	Have diabetes:	YES	NO
Had "mono" in the last year:	YES	NO	Traveled outside USA in last year:	YES	NO
Have ADD or ADHD:	YES	NO	Any significant life changing event:	YES	NO

Please use the space below to explain any "Yes" above.

---

---

---

---

---

---

---

---

---

---

By signing this box, I understand everything in this document and state that it is accurate to the best of my knowledge.

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