



YMCA OF COLUMBIA-WILLETTE

Summer Day Camp Health Form 2017

This form is for participants that have registered for Summer Day Camp online, it is NOT a registration form.

Please complete in full and submit to the YMCA Program Office | 9500 SW Barbur Blvd. #240 Portland, OR 97219 or scan to ychildcare@ymcacw.org. If your child is attending Summer Camp with one of our Child Development Centers then you'll need to submit the form directly to that location. This Health form must be received at least 2 weeks in advance of your child's first week of attendance.

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD. Form must be completed in full.

PARTICIPANT INFORMATION

Camp Location _____
Camper's Last Name _____ First Name _____ Grade in fall '17 _____
School attending in fall _____ M _____ F _____ Date of birth ____ / ____ / ____

PARENT/GUARDIAN

1st Parent/Guardian Last name _____ First name _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Employer _____
Address _____ City _____ State _____ Zip _____
Work Phone _____ Cell _____ E-mail _____
May we contact you by e-mail? Yes No

2nd Parent/Guardian Last name _____ First name _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Employer _____
Address _____ City _____ State _____ Zip _____
Work Phone _____ Cell _____ E-mail _____
May we contact you by e-mail? Yes No

This program is provided, in part, through support of the USDA. The following information is for statistical purposes only.

Ethnic/Racial Data: White Black or African American Native Hawaiian or Pacific Islander Asian

Hispanic or Latino Other

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 _____

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

Name _____ Phone _____ Cell _____
Address _____ City _____ State _____ Zip _____
Relationship _____

Name _____ Phone _____ Cell _____
Address _____ City _____ State _____ Zip _____
Relationship _____

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EMERGENCY MEDICAL INFORMATION

Camp Location _____

Camper's Last Name _____ First Name _____

Permission IS given TO THE YMCA FOR THE Following: Check (X) each item indicating approval.

In an emergency, the YMCA has my permission to obtain medical treatment for my child, call an 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 Medication Authorization Form must be completed prior to administering.

My child may participate in YMCA field trips. I understand 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 online and print for YMCA promotional purposes.

If needed, the YMCA has my permission to help administer sunscreen. I understand that I need to provide sunscreen labelled 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 or restrictions to be aware of? Please list: _____

If you require any special accommodations please contact the program office at 503.327.0007

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Preferred Hospital _____ Phone _____

Address _____ City _____ State _____ Zip _____

Health Insurance Company _____ Phone _____

Group Number _____ Individual's Name on Insurance Policy _____

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 _____

Office Use Only: Date Copy Sent To Site _____