



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

RIDGEWOOD YMCA CAMP HEALTH RECORD AND WAIVER

Camper Name _____ DOB ___/___/___ Camp attending Y's Kids | Camp Pamaka | Teen
Ages (3-5) (6-12) (11-16)

REQUIRED FORMS FROM YOUR PHYSICIAN MUST BE ATTACHED



- COPY OF PHYSICAL EXAM MUST HAVE PHYSICIAN SIGNATURE AND COMPLETED THE PAST 2 YEARS
- COPY OF IMMUNIZATION RECORD

INSURANCE INFORMATION

Child's Medical Insurance carrier _____ Policy # _____
Name of Insured _____ Relationship to camper _____

PHYSICIAN INFORMATION

Family Physician _____ Phone # _____
Dentist/orthodontist _____ Phone # _____

ALLERGY INFORMATION

Allergy _____ Trigger _____
Allergy _____ Trigger _____
Allergy _____ Trigger _____

MEDICATION

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies.

Please review camp handbook instructions regarding administration and required identification of original containers.



- This camper will not take any medications while attending camp
- This camper will take the indicated daily medications while at camp

On the back of this page, Provide the following information when sending child with medication: Name of medication, date started, reason for taking it, when it is given, medication amount or dose, how it is given.

RIDGEWOOD YMCA PROGRAM WAIVER

The Ridgewood YMCA conducts its programs with the best interests of all participants in mind. The YMCA attempts at all times to run programs that are educational, enjoyable and safe. Further, the activities of the YMCA are designed to further the educational, motivational and charitable objectives of the YMCA. Nonetheless, participants must understand that some of the activities of the YMCA may involve inherent risks and hazards, for which the YMCA cannot be held responsible. Because of the nature of the YMCA activities, injuries may still result even after reasonable precautions have been taken but it is acknowledged that the YMCA cannot be held responsible in the event that injury occurs.

The undersigned represents that it knows of no legal, physical, or health reason why he or she or the participating child (if participant is a minor) cannot fully participate in the program being registered for.

Finally, by signing below, the undersigned hereby acknowledges that it is understood that The Ridgewood YMCA is a non-profit corporation, organized exclusively for charitable and educational purposes, and as such, is immune from liability for the negligence of its agents, servants or employees under N.J.S.A. 2A:53A-7

VALLEY HOSPITAL PARENTAL UNAVAILABILITY CONSENT

In the event of a sudden illness, or accident, it is understood that Ridgewood YMCA will attempt to contact me. However, if medical care becomes necessary, I give permission for my child to receive such treatment from and as deemed appropriate by The Valley Hospital, its medical staff, agents and representatives and further agree to reimburse The Valley Hospital, medical staff, agents and representatives for all such treatment.

Name of parent/guardian (print) _____ Name of child (print) _____

Signature of parent/ guardian _____ Date _____

(Continued on back)

GENERAL HEALTH HISTORY

Please mark your response. Explain all "yes" answers in the space provided.

- | | | |
|---|-----|----|
| 1. Ever been hospitalized? | Yes | No |
| 2. Ever had surgery? | Yes | No |
| 3. Has recurrent/chronic illnesses? | Yes | No |
| 4. Had a recent infectious disease? | Yes | No |
| 5. Had a recent injury? | Yes | No |
| 6. Has asthma/wheezing/shortness of breath? | Yes | No |
| 7. Has Diabetes? | Yes | No |
| 8. Has seizures? | Yes | No |
| 9. Has headaches? | Yes | No |
| 10. Wears glasses, contacts, or protective eyewear? | Yes | No |
| 11. Has recurring fainting or dizziness? | Yes | No |
| 12. Passed out/had chest pain during exercise? | Yes | No |

EXPLAIN "YES" ANSWERS HERE:

FOR TRAVEL OUTSIDE THE COUNTRY (IN THE LAST 6 MONTHS), PLEASE NAME COUNTRIES VISITED AND DATES OF TRAVEL:

MEDICATION INFORMATION:

MENTAL, EMOTIONAL AND SOCIAL HEALTH

- | | | |
|--|-----|----|
| 1. Ever been treated for attention deficit Disorder (ADD) or Attention Deficit/Hyperactivity Disorder? | Yes | No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder? | Yes | No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns? | Yes | No |
| 4. Had a significant life event that continues to affect the campers life? (History of abuse, death of a loved one, Family change, adoption, foster care, new sibling, survived a disaster, other) | Yes | No |

EXPLAIN "YES" ANSWERS HERE. THE CAMP MAY CONTACT YOU FOR ADDITIONAL INFORMATION.
