

# Y of Central Maryland Emergency Information and Health Inventory 2008

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Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade - Fall 2008 \_\_\_\_\_

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Camper's Address \_\_\_\_\_ Phone \_\_\_\_\_

## THREE EMERGENCY CONTACTS ARE REQUIRED.

List the people you would like us to call if there is an emergency while your child is at camp.

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Parent/Guardian (First **REQUIRED** contact in case of emergency) Address Daytime Phone #1 Daytime Phone #2

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Parent/Guardian or Emergency Contact (Second **REQUIRED** contact in case of emergency) Daytime Phone #1 Daytime Phone #2

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Emergency Contact (Third **REQUIRED** contact in case of emergency) Daytime Phone #1 Daytime Phone #2

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Insurance policy/Doctor's name (if available) Policy Number Emergency Number

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List all health problems and instructions (use a separate paper if necessary)

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List any medication (prescribed or over the counter) your child is taking and include a medication permission slip if medication is administered at camp.

Does your child now or at any time in the past: (circle all that apply) If your child has **ANY** special needs that will affect his/her behavior or participation at camp PLEASE list them below so the camp staff may best serve your family.

Wear glasses	Have an illness	Have a physical, psychiatric, or behavioral problem
Wear contacts	Have a limiting condition	ADD/ADHD on medication
Wear hearing aids	Take prescription medication	ADD/ADHD off medication
Have allergies	Take over the counter medication	

Please Explain: \_\_\_\_\_

Does child attend a Maryland school?  Yes  No  
If no, you must provide child's immunization records.

Check here if your child is exempt from immunizations. If you are exempt from immunizations due to religious or medical reasons, a physician's documentation is required.

**A copy of your child's immunization records is required in order for your child to attend an ACA accredited camp. You may provide your own copy or fill out the form provided. You must also write the date of your child's last tetanus shot (DTaP) in the space provided.**

<p><b>Date of Last Tetanus Shot</b> (write in this box)</p>
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# Pick Up Form

I authorize the following people to pick up my child from camp at the Y (be sure to include your own name). I understand that any person appearing on this list is authorized to pick up my child at any time on any camp day. I understand that everyone picking up a child from camp at the Y will be required to show a photo ID each day. I understand that if photo ID cannot be produced my child will not be allowed to leave with anyone regardless of who that person claims to be. If someone will be picking up my child and their name is not on this list I will alert the camp staff in person in the morning or by phone during the day. If family circumstances are such that there are individuals NOT permitted to EVER pick up my child I will provide the camp staff at the Y with a list of those names.

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Authorized Adult #1      PLEASE PRINT FIRST AND LAST NAME      Phone Number

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Authorized Adult #2      PLEASE PRINT FIRST AND LAST NAME      Phone Number

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Authorized Adult #3      PLEASE PRINT FIRST AND LAST NAME      Phone Number

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Authorized Adult #4      PLEASE PRINT FIRST AND LAST NAME      Phone Number

## Standard Waivers and Permission Slip

### Authorization for Participation

I am a legally competent adult who is parent or guardian of the named participant. I would like my child to participate in the Y of Central Maryland and expressly give my permission. I understand that even when every reasonable precaution is taken, incidents and accidents may occur. Therefore, in exchange for the Y of Central Maryland allowing my child to participate, I voluntarily and intentionally hold harmless and release the Y, its employees, volunteers, members, and guests from any and all liability for loss, damage, injury, or death, including any claims based on ordinary negligence, action, or inaction connected with such participation. I also agree to indemnify the Y of Central Maryland for claims made by or for the participant or claims arising from any relationship with the participant or the participant's estate.

I have read this form and grant permission for my child to participate in all activities provided by the Y of Central Maryland.

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

### Photo Release

The Y has my permission to use photographs/videos/testimonials of my child in Y promotional material. \_\_\_\_\_ (initial)

### Authorization for Emergency Medical Treatment

If my child should become ill or injured during Y of Central Maryland activities, I understand that the Y will: 1) contact me immediately; 2) contact the person(s) I have designated in case I cannot be reached.

Should the Y of Central Maryland be unable to reach me or the person(s) designated, the Y is authorized to contact my child's physician or arrange for immediate medical treatment to ensure the health and safety of my child, including the administration of medications or injections provided by me for such purposes.

I accept responsibility for payment of medical services rendered.

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

### Receipt of Camp Manual

I have received a copy of the Camp Manual, have read the Camp Manual, and I agree to follow all policies and procedures outlined in the Camp Manual.

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