



STUDENT HEALTH FORM

DATE OF THE TRIP: From: _____ To: _____

Students Last Name: _____ First Name: _____

Parent/Guardian's Name _____ Phone Number: _____

In an emergency, if unable to reach parent, contact:

Name: _____ Number _____

Name: _____ Number _____

Health History: (please check all that apply and explain):

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Ear infections |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Respiratory disorder | <input type="checkbox"/> Chicken pox |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Sleep walking | <input type="checkbox"/> Other |
| <input type="checkbox"/> Seizure disorder | <input type="checkbox"/> Bedwetting | |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Heart disease/defect | |
| <input type="checkbox"/> Glasses/contact lenses | <input type="checkbox"/> Nose bleeds | |

Notes

Any known allergies (Food or Drug): _____

Diet Restrictions: _____

Date of Last Tetanus Shot: _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR TEMPORARILY SEPARATED FROM HIS/HER PARENTS

I, the undersigned, parent or legal guardian of (child's name) _____, a minor, am familiar with the program and the general nature of activities planned during their trip to YMCA Camp Pjetershan, and to the best of my knowledge the above information is correct and my child is capable of participating in and has permission to engage in all activities.

I do hereby authorize (School Name) _____ (Lead Teacher) _____

As our agent(s) to consent to any diagnostic procedure or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician at the nearest hospital with facilities appropriate to my child's injury/illness.

This authorization shall remain effective until (day after the last day of the trip) _____ unless sooner revoked in writing delivered by said agent(s).

*Parent/Legal Guardian's Signature _____ Date _____

STUDENT MODEL AND STATEMENT RELEASE

Periodically, YMCA Camp Pjetershan uses photos and statements made by participants in YMCA Camp Pjetershan programs for newsletters, fundraising efforts, brochures and articles about YMCA Camp Pjetershan. All photos and statements are used with reasonable judgement for purposes directly relating to the operations of YMCA Camp Pjetershan. This signed form gives YMCA Camp Pjetershan permission by the signer to utilize participant photos or statements for the purposes mentioned above.

Parent/Legal Guardian's Signature _____ Date _____