Camp Jewell YMCA Outdoor Center
Health Information and Emergency Permission

CAMP JEWELL YMCA

This form is required on site for every person under 18 yrs. of age, not accompanied by a parent or guardian It must be presented at the office upon check in and retained by the group leader. Forms may be needed at any time for an emergency.
Please print all information clearly.
School or Group Name_____

Dates at Jewell_____

(child's name)_____has my permission to participate in the trip to YMCA Camp Jewell Outdoor Center on the above dates.

Please list, with dates, any major illness or injury this child has had:

Within the past month_____

Within the past year_____

Date of Tetanus Shot (should be within ten years)_____

List any Allergies (medication, inhalant, or food)_____

Can this child take part in strenuous physical activities?_____

The following medication will be needed by this child at Camp. (All medication should be given to the group leader before leaving to come to camp. It may not be carried by the child.)
Medication _____ Amount and Time to be given

_____ _____

_____

I hereby give permission to the O.C. Director, group leader, or their designate to administer the above medication in the absence of a nurse.

Additional information and remarks:
_____

_____

I understand that every attempt will be made to contact me in the event of accident or injury, but that it might be impossible in an emergency to contact me quickly enough to authorize proper treatment. Therefore, I authorize the officials of my child's group and the staff of Camp Jewell to seek the proper treatment in the event of any accident or injury. I give my permission for the use of any form of medical treatment necessary, such as: injections, anesthesia, medicines, drugs, surgery, or other treatment which is deemed necessary by attending nurses and physicians, and also authorize transportation of my child by either private vehicle or ambulance in order to facilitate any necessary treatment.

Date_____ Phone #_____

Signature of Parent or Guardian (circle one)_____

Other emergency phone numbers if a parent cannot be reached:

Name _____Phone _____

Relationship_____ Phone_____

Family Doctor_____Phone_____

Insurance Carrier_____Policy Number_____

Child's Last Name_____ First_____ Middle Initial_____