



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WILSON GRAY YMCA
444 Albany Avenue, Hartford, CT 06120
WilsonGrayY@GHYMCA.org • 860-241-9622

YMCA BELL Power Scholars Camp

2022 Summer Camp Application for Enrollment

PARENT CHECKLIST

Step 1: Completed forms must be received no later than May 27, 2022.

- Enrollment Application (*page 1-3*)
- Release and waiver of liability and indemnity and photo/talent release (*page 4*)
- YMCA Waiver Form (*page 5-6*)
- Sunscreen Authorization Form (*page 7*)
- Youth Camp Health Exam/Record
- Authorization of Medication Form (*if needed*)
- Asthma Care Plan (*if needed*)
- Allergy Care Plan (*if needed*)
- General Special Care Plan (*if needed*)
- Seizure Care Plan (*if needed*)

Step 2: Submit all required forms by: May 27, 2022

- In person or US mail to:
Wilson Gray YMCA
Attention: BELL Power Scholars Summer Camp
444 Albany Avenue
Hartford, CT 06120
- Fax: (860) 293-2120 (***Please confirm your fax!***)
- Email: amanda.feliciano@GHYMCA.org

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YMCA OF GREATER HARTFORD
 2022 Summer Camp
 Application for Enrollment

Please inform us of your approximate drop-off time so that we can staff accordingly.

Planned arrival time _____ am

Camp Hours 8:00am – 3:00pm

To register for the BELL Power Scholars Summer Camp your child must be able to participate in all 6 weeks of the camp.

	BELL Power Scholars Camp <i>Completed Kindergarten</i>	BELL Power Scholars Camp <i>Completed 1st Grade</i>	BELL Power Scholars Camp <i>Completed 2nd Grade</i>	BELL Power Scholars Camp <i>Completed 3rd Grade</i>	BELL Power Scholars Camp <i>Completed 4th Grade</i>	BELL Power Scholars Camp <i>Completed 5th Grade</i>
Session 1-6 6/27-8/5	<input type="radio"/> \$0	<input type="radio"/> \$0	<input type="radio"/> \$0	<input type="radio"/> \$0	<input type="radio"/> \$0	<input type="radio"/> \$0



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Please write clearly and complete all spaces provided

CHILD INFORMATION

Child's Name: _____ DOB _____ Gender _____ Grade in the Fall _____

Address: _____
Street Town Zip

Race: ___ African American/Black ___ Hispanic/Latino ___ Caucasian/White ___ Asian ___ Pacific Islander ___ Other: _____

Other Does your child receive free or reduced lunch? Yes or No Does your child have an IEP? Yes or No

What is the primary language spoken at home? English or Spanish

Are there other languages spoken at home? _____

Does your child receive ELL Services during the school year? _____

What will be your child's age during program? _____

ENROLLMENT INFORMATION

Name of person(s) responsible for payment and tuition with whom financial information/issues should be discussed:

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

PARENT/GUARDIAN INFORMATION

Parent/Legal Guardian Name: _____ DOB: _____ Relationship to child: _____

Address: _____
Street Town Zip

Employer Name: _____

Employer's Address: _____
Street Town Zip

Work Phone: (_____) _____ Ext. _____ Cell: (_____) _____

EMAIL: _____ Work Hours: M T W TH F _____ to _____

Parent/Legal Guardian Name: _____ DOB: _____ Relationship to child: _____

Address: _____
Street Town Zip

Employer Name: _____ Dept. _____

Employer's Address: _____
Street Town Zip

Work Phone: (_____) _____ Ext. _____ Cell: (_____) _____

EMAIL: _____ Work Hours: M T W TH F _____ to _____

I agree that the above information is current and accurate _____

parent/guardian signature



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CHILD'S HEALTH INFORMATION

INSURANCE: Husky #: _____ Private Insurance _____ Medicaid #: _____

Allergies: Yes No if yes, list type _____

Asthma: Yes No Medications required: _____

Dietary Restrictions other than food allergies: Yes No

If yes, explain _____

Special Needs: Yes No if yes, explain _____

Is your child on any routine or emergency medications? Yes No if yes, please provide info below

Type: _____ Frequency: _____

Reason for medication: _____

Child's Physician's Name: _____ Phone: (____) _____

Child's Dentist's Name: _____ Phone: (____) _____

I understand if my child requires any medication I must provide the camp with the Authorization of the Administration of Medication Form, Care Plan Form and medication in its original container and labeled. I understand that each medication requires its individual forms.

EMERGENCY CONTACTS/ALTERNATE PICK-UP

I give my permission to the YMCA of Greater Hartford Staff to contact and release my child to one of the following individuals listed. Please notify the center if emergency contact people will pick-up your child on any given day.

Name _____ Relationship: _____ DOB: _____

Work Phone: (____) _____ Cell: (____) _____ Home: (____) _____

Name _____ Relationship: _____ DOB: _____

Work Phone: (____) _____ Cell: (____) _____ Home: (____) _____

Name _____ Relationship: _____ DOB: _____

Work Phone: (____) _____ Cell: (____) _____ Home: (____) _____

Custody: Yes No

Is there a court order or restraining order in effect which limits access to your child by a parent, family member or other individual?

If yes, note that a copy of the order should be provided to the center for your child's file in order for the order to be enforced.

I acknowledge that I have received and carefully read the YMCA of Greater Hartford Parent Handbook.

I have been provided with the opportunity to review, discuss and ask questions regarding the YMCA's Behavior Management Plan/Policy with the staff.

ADDITIONAL PERMISSIONS

- To take my child for walks on the grounds of YMCA location and to participate in child development related activities and events held in the YMCA facility/on YMCA grounds or facilities including transportation in YMCA van;
- To include my child in vision, hearing, & developmental screening and assessments conducted by the staff and shared with child's pediatrician;
- To transport my child via ambulance to the nearest medical facility;
- For my child to be treated by emergency medical personnel in the event of an emergency;
- For staff that hold the appropriate certifications to administer first aid and CPR as needed;
- For staff that hold the appropriate certifications to administer non-prescription medication, topical medications, lotions and creams as per my written consent.
- To allow my child to eat all of the snack and food provided from YMCA according to USDA food guidelines; unless documented food restriction and care plan.
- To provide the following individuals and/or agencies access to my child's enrollment, health, and other information in my child's file on an as needed basis (office/classroom staff, consultants, public school personnel, emergency medical personnel, OEC & DCF.)

My signature below grants the YMCA of Greater Hartford staff permission to the above approvals.

Parent Signature _____

Date _____



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RELEASE and WAIVER OF LIABILITY and INDEMNITY and PHOTO/TALENT RELEASE AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities, or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself, or on behalf of a minor child under age 18, and for any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, inspected and carefully considered, or will immediately upon entering and/or participating, inspect and carefully consider, such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA constitutes an acknowledgment that that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING ON HIS OR HER BEHALF AND/OR BEHALF OF HIS/HER CHILDREN OR GUESTS (herein referred to as "the undersigned"):

1. MEMBER CONDUCT I agree to abide by all rules and regulations of the YMCA of Metropolitan Hartford (hereafter "YMCA"), and I understand that failure to act in accordance with the rules may result in expulsion from the YMCA and cancellation of membership.
2. INSURANCE I understand that the YMCA does not provide any accident or health insurance for its members or participants and it is my responsibility to provide such coverage.
3. PROPERTY LOSS I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while using YMCA facilities or participating in YMCA programs.
4. ASSUME FULL RESPONSIBILITY I hereby assume full responsibility for and risk of bodily injury, death, or property damage while in about or upon the premises of the YMCA and/or while using the premises, or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
5. PHOTO/TALENT RELEASE I hereby irrevocably release, consent and allow the YMCA and its agents to use my photograph, likeness, voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement for its use. *(My initials here revoke photo/talent release_____)*.
6. FIELD TRIP RELEASE I authorize the YMCA to take my camper on field trips.
7. RELEASE, WAIVE, DISCHARGES I hereby release, waive, discharge and covenant not to sue the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or loss of property while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
8. INDEMNIFY AND SAVE AND HOLD HARMLESS I hereby agree to indemnify and save and hold harmless the releases from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
9. MEDICAL RELEASE I authorize the YMCA, as my agent, to give consent to medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician, and I am unable to give such consent. I authorize a qualified YMCA staff member to administer CPR or first aid if necessary. I understand that it may be necessary for me to provide a release form from my physician regarding my current health status.
10. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Connecticut and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.
11. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AND PHOTO/TALENT RELEASE AGREEMENT, and further agrees that no oral representations, statement, or inducement apart from the foregoing written agreement have been made. I HAVE READ THIS RELEASE.

Date: _____ Printed Name of Participant _____

Printed Name of Parent/Guardian _____

Signature of Participant or Parent/Guardian _____

Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your partnership in the YMCA of Greater Hartford (YMCA) Programs, now or at any time in the future.

Acknowledgment of Risk

I hereby acknowledge and agree that participation in any YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with any YMCA participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with YMCA participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA programs or accessing YMCA facilities could increase the risk of contracting COVID-19.** The YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA programs or accessing YMCA facilities.

Initial

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation in YMCA programs, I,

_____, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators and assigns, HEREBY DO RELEASE the YMCA of Greater Hartford, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against YMCA of Greater Hartford on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of the YMCA of Greater Hartford facilities/equipment or participation in YMCA of Greater Hartford programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

Initial

In consideration of my participation in any YMCA program, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating and that by signing this agreement I HEREBY RELEASE Releasees from all liability for such loss, damage, or death.

I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation.

I further certify that I am therefore of lawful age and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

IN WITNESS WHEREOF, this instrument is duly executed this day ____ / ____ / ____.
mm dd yyyy

Participant Signature

Participant Name (print Clearly)

PHOTO/TALENT RELEASE →

I hereby irrevocably release, consent and allow the YMCA and its agents to use my photograph, likeness, voice, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement for its use.

My initials here revoke photo/talent release

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

This Minor Waiver incorporates the same language from above for the Acknowledgment of Risk, COVID-19 Warning & Disclaimer, and Waiver, Release, Indemnification & Covenant Not to Sue

I, in my legal capacity as the parent/guardian of the minor(s) named below, do hereby acknowledge and agree that participation in YMCA activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with any YMCA participation. Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. The YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA programs or accessing YMCA facilities.

In consideration of the minor(s) named below participation in YMCA programs, I, _____, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE YMCA's employees, volunteers, agents, representatives and insurers ("Releasees") from any cause of action, claims, or demands, of any nature whatsoever including, but in no way limited to, claims of negligence, which I, the names minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of YMCA facilities/equipment or participation in YMCA Hartford Programs.

Printed Name

Date of Birth

Printed Name

Date of Birth

Printed Name

Date of Birth

Printed Name

Date of Birth

Printed Name

Date of Birth

Member ID _____



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SUNSCREEN AUTHORIZATION FORM

Connecticut Department of Public Health regulations require us to have written parental permission in order for YMCA Staff members to assist children in reapplying sunscreen throughout the day. Please complete the enclosed form and return to the office if your child will need our assistance. Campers must label and supply their own sunscreen.

Name of Participants: _____

Your camper will be spending a lot of the time at camp running around in the sun. It is imperative that the children reapply sunscreen throughout the day. The sunscreen is always a concern for us. We want you to know that we are committed to making sure your child is safe from the sun. We strongly encourage you to apply sunscreen prior to arrival at camp. We will assist all campers when reapplying sunscreen and educate them on remembering to do it as well. If sun exposure is ever a problem, please notify a director immediately so that the extra precautions can be made.

_____ I give permission to apply sunscreen

_____ I do not give permission to apply sunscreen

I give permission to designated YMCA staff to assist my child in applying sunscreen throughout the camp day. I understand that it is my responsibility to provide sunscreen for my child each day and to apply sunscreen prior to their arrival at camp. Furthermore, I will assist the staff in educating my child in the importance of applying and reapplying sunscreen throughout the day.

COMMENTS/NOTES:

Printed Name of Parent/Guardian _____

Signature of Participant or Parent/Guardian _____ Date: _____

SAMPLE FORM

**YOUTH CAMP HEALTH EXAM/RECORD
FOR CAMPER AND STAFF**

- Camper
- Staff

Please Return Completed Form to the Camp

Name _____ Date of Birth _____ Phone _____
 Guardian _____ Address _____
 Emergency Contact _____ Telephone _____
 Date of Arrival at Camp: _____ Departure Date: _____

TO BE COMPLETED BY THE HEALTH CARE PROVIDER

Date of Exam ____/____/____

May participate in all camp activities YES NO

May participate except for: _____

Does the individual have any known medical or emotional illness or disorder that poses a risk to other children or which affects the individual's functional ability to participate safely in a youth camp? YES NO

If yes, please explain _____

Are there any prescription or over the counter medication(s) this individual needs to take while at camp? YES NO

If yes, indicate names of medication(s): _____

NOTE: A written authorization and parent permission for the administration of medication at camp are required.

Does the individual have any disabilities or special health care needs such as allergies, special dietary needs? YES NO

If yes, please explain _____

NOTE: If the camper has a special health care need or disability that requires special care be taken or provided during the time the individual is at camp, an individual plan of care shall be developed with the parent and health care provider and updated as necessary. The plan shall include appropriate care of the camper in the event of a medical or other emergency and signed by the parent and staff responsible for the care of the camper.

If camper/staff is school aged or younger, have they been immunized in accordance with the schedule adopted by the Commissioner of Public Health pursuant to section 19a-7f of the Connecticut General Statutes? YES NO

Additional Comments:

Printed Name of Health Care Provider: _____

Address: _____ Phone: _____

Signature of Physician, PA, APRN or RN _____ Date Form Signed: _____

Authorization for the Administration of Medication by School, Child Care, and Youth Camp Personnel

In Connecticut schools, licensed Child Care Centers and Group Care Homes, licensed Family Care Homes, and licensed Youth Camps administering medications to children shall comply with all requirements regarding the Administration of Medications described in the State Statutes and Regulations. Parents/guardians requesting medication administration to their child shall provide the program with appropriate written authorization(s) and the medication before any medications are administered. Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration, and date of the prescription.

Authorized Prescriber's Order (Physician, Dentist, Optometrist, Physician Assistant, Advanced Practice Registered Nurse or Podiatrist):

Name of Child/Student _____ Date of Birth ____/____/____ Today's Date ____/____/____

Address of Child/Student _____ Town _____

Medication Name/Generic Name of Drug _____ Controlled Drug? YES NO

Condition for which drug is being administered: _____

Specific Instructions for Medication Administration _____

Dosage _____ Method/Route _____

Time of Administration _____ If PRN, frequency _____

Medication shall be administered: Start Date: ____/____/____ End Date: ____/____/____

Relevant Side Effects of Medication _____ None Expected

Explain any allergies, reaction to/negative interaction with food or drugs _____

Plan of Management for Side Effects _____

Prescriber's Name/Title _____ Phone Number (____) _____

Prescriber's Address _____ Town _____

Prescriber's Signature _____ Date ____/____/____

School Nurse Signature (if applicable) _____

Parent/Guardian Authorization:

- I request that medication be administered to my child/student as described and directed above
- I hereby request that the above ordered medication be administered by school, child care and youth camp personnel and I give permission for the exchange of information between the prescriber and the school nurse, child care nurse or camp nurse necessary to ensure the safe administration of this medication. I understand that I must supply the school with no more than a three (3) month supply of medication (school only.)
- I have administered at least one dose of the medication with the exception of emergency medications to my child/student without adverse effects. (For child care only)

Parent/Guardian Signature _____ Relationship _____ Date ____/____/____

Parent /Guardian's Address _____ Town _____ State _____

Home Phone # (____) _____ - _____ Work Phone # (____) _____ - _____ Cell Phone # (____) _____ - _____

SELF ADMINISTRATION OF MEDICATION AUTHORIZATION/APPROVAL

Self-administration of medication may be authorized by the prescriber and parent/guardian and must be approved by the school nurse (if applicable) in accordance with board policy. In a school, inhalers for asthma and cartridge injectors for medically-diagnosed allergies, students may self-administer medication with only the written authorization of an authorized prescriber and written authorization from a student's parent or guardian or eligible student.

Prescriber's authorization for self-administration: YES NO _____
Signature _____ Date _____

Parent/Guardian authorization for self-administration: YES NO _____
Signature _____ Date _____

School nurse, if applicable, approval for self-administration: YES NO _____
Signature _____ Date _____

Today's Date _____ Printed Name of Individual Receiving Written Authorization and Medication _____

Title/Position _____ Signature (in ink or electronic) _____

Note: This form is in compliance with Section 10-212a, Section 19a-79-9a, 19a-87b-17 and 19-13-B27a(v.)

Medication Administration Record (MAR)

Name of Child/Student _____ Date of Birth ____/____/____

Pharmacy Name _____ Prescription Number _____

Medication Order _____

Date	Time	Dosage	Remarks	Was This Medication Self Administered?	Signature of Person Observing or Administering Medication
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

*Medication authorization form must be used as either a two-sided document or attached first and second page.

- | | |
|--|--|
| <input type="checkbox"/> Authorization form is complete | <input type="checkbox"/> Medication is appropriately labeled |
| <input type="checkbox"/> Medication is in original container | <input type="checkbox"/> Date on label is current |

Person Accepting Medication (print name) _____ Date ____/____/____



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YMCA OF GREATER HARTFORD
2022 Summer Camp
CAMPER AND FAMILY FORMS

Individual Care Plan

Child's Name _____ Date of Care Plan _____ to _____

Child's Date of Birth _____ Program Site (AM) _____ Program Site (PM) _____

Special Health / Behavioral Concerns

If necessary, please specify on the line provided.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Allergies (food, medication, insects, environmental, etc.) _____
<input type="checkbox"/>	<input type="checkbox"/>	Asthma _____
<input type="checkbox"/>	<input type="checkbox"/>	Vision / Hearing / Speech (glasses, ear tubes, etc.) _____
<input type="checkbox"/>	<input type="checkbox"/>	Chronic Illness _____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes _____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures _____
<input type="checkbox"/>	<input type="checkbox"/>	Dietary Needs _____
<input type="checkbox"/>	<input type="checkbox"/>	Developmental Variations _____
<input type="checkbox"/>	<input type="checkbox"/>	Emotional / Behavioral _____
<input type="checkbox"/>	<input type="checkbox"/>	History of Contagious Disease _____
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

Symptoms / Medication / Process of Care

For each " Yes " answer listed above, please have the child's health care provider fill out each section below.

#1 Health Concern : _____
 Symptoms : _____
 On-Site Medication : Yes No _____
 Steps of Care : _____

1 _____
 2 _____
 3 _____
 4 _____

Additional Information : _____

Continued on reverse side.



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2022 Summer Camp
CAMPER AND FAMILY FORMS

#2 Health Concern : _____
Symptoms : _____
On-Site Medication : Yes No _____
Steps of Care : _____
1 _____
2 _____
3 _____
4 _____
Additional Information : _____

#3 Health Concern : _____
Symptoms : _____
On-Site Medication : Yes No _____
Steps of Care : _____
1 _____
2 _____
3 _____
4 _____
Additional Information : _____

Health Care Provider Signature: _____ **Phone :** _____

Parent / Guardian Signature: _____ **Date :** _____

Renewal Dates: ____/____/____ - ____/____/____ **Parent Initial:** _____

Renewal Dates: ____/____/____ - ____/____/____ **Parent Initial:** _____

**** For Administrative Use Only ****

Staff Signature : _____ Date : _____

Staff Signature : _____ Date : _____

Staff Signature : _____ Date : _____

Staff Signature : _____ Date : _____

Staff Signature : _____ Date : _____

First Aider Review : _____ Date : _____