



PARTICIPANT/CHAPERONE MEDICAL FORM

YMCA Camp Greenville

NAME: _____	AGE: _____	SS#: _____
SCHOOL/GROUP NAME: _____		
DATE OF BIRTH: _____	TRIP DATES: _____	
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
EMAIL ADDRESS: _____		
PARENT/GUARDIAN NAME(S) if under 18: _____		
PHONE: HOME _____	CELL _____	OFFICE _____

Family Physician's Name: _____

Telephone: _____ Date of last tetanus shot: _____

Insurance Name: _____ Policy Number: _____

Emergency Contact(s): _____ Relationship: _____ Phone number: _____

Recent, chronic, recurring illness: _____

Any allergies (insects, food, medications, etc.): _____

Special Diets: _____

Special activity restrictions or health concerns: _____

Current Medications	Purpose	Dosage	Times Given
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If under 18, please put all medications in a zip lock bag and label with name and school/group. Medications should stay in the possession of the lead chaperone, nurse, or designated person.

Please check one (if under 18):

_____ I authorize my child's chaperone to administer over-the-counter medication for minor illnesses. I will allow the following to be dispensed (please check all that apply):

_____ Tylenol/Generic _____ Aspirin _____ Benadryl/Generic _____ Pepto-Bismol/Generic

_____ Immodium/Generic _____ Advil/Ibuprofen

_____ I wish to be consulted before **ANY** over-the-counter medication is give to my child.

I certify that the participant named in this document is in good physical condition and that the information provided is accurate to the best of my knowledge.

Participant (if over 18) or Parent/Guardian's Signature: _____ Date: _____

*This form is to be utilized by Camp Greenville staff only in the event of an actual injury or illness. Camp Greenville staff will not review this form unless such need arises.



AGREEMENT AND CONSENT FORM

YMCA Camp Greenville

If your child is under 18 years old, please complete the following for your child to participate in this experience.

I, _____, give permission for my child, _____, to participate in the activities at
Parent/guardian's name Child's name

YMCA Camp Greenville in Cedar Mountain, North Carolina on _____.
Dates of outing

Parent/Guardian's Signature: _____ Date: _____

The following information must be completed for anyone visiting YMCA Camp Greenville.

PHOTO RELEASE

I give my permission for any photos or videos taken of my family or me during the outing at YMCA Camp Greenville to be used for the public relations program.

MAILING LIST

I give my permission for YMCA Camp Greenville to add me to their mailing list.

LIABILITY

I hereby release YMCA Camp Greenville and the Greater Greenville YMCA and their employees, volunteers, and chaperones, from any financial or legal responsibility that may result from this outing. To insure prompt attention in case of serious accident or illness, I hereby authorize the persons responsible to incur expense deemed necessary and agree to pay for the same, if they are not covered by a school/agency accident and sickness policy. Should the need arise, I give permission to the YMCA Camp Greenville to take me to a doctor or hospital for medical treatment. I also authorize an agency chaperone to execute any or all documents in my behalf, including necessary releases, which might be required by a medical facility to perform emergency care.

MEDICAL AUTHORIZATION AND RELEASE

Should I sustain or incur an accident or illness while attending YMCA Camp Greenville, I hereby authorize an agency official to execute any and all documents in my behalf, including necessary releases, which may be required by a medical facility to perform emergency care.

Telephone number of a parent or emergency contact that can be reached during the outing:

Name: _____ Relationship: _____

Home: _____ Cell: _____ Work: _____

Second emergency contact:

Name and relationship: _____

Home: _____ Cell: _____ Work: _____

Sign below if participant is under 18 years of age.

Parent/Guardian's Signature: _____ Date: _____