

Camp Jewell YMCA Outdoor Center
Health Information and Emergency Permission

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.



Camp Jewell YMCA
A branch of the YMCA of Greater Hartford

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
PER RSD13 MEDICATION FORM	PER RSD13 MEDICATION FORM

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: **PER RSD13 MEDICATION FORM**

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 _____

CAMP JEWELL YMCA
INDIVIDUAL ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

To: YMCA of Metropolitan Hartford, Inc., its branches, officers, directors, trustees, managers, employees, volunteer staff and agents (collectively and individually hereinafter referred to as the "Y").

The undersigned on behalf of himself/herself and his/her minor children named below (hereinafter collectively and individually referred to as the "Releasers") acknowledges that Releasers may participate in activities involving risk of injury to person or property and that they assume full responsibility for all such risk. Activities may include horseback riding, ropes course, and waterfront. The undersigned certifies that each of the Releasers is in good health with no condition, illness, or abnormality which might subject them to undue personal risk for engaging in such activities. In the event of any emergency requiring medical care, the Y is hereby authorized to use its best efforts to obtain whatever medical treatment it deems necessary or appropriate under the circumstances.

Furthermore, the undersigned on behalf of the Releasers hereby specifically releases, waives, discharges and covenants not to sue the Y with respect to any or all liability to the Releasers, their heirs, personal representatives and assigns for any loss or damage, and any claim or demand therefore, on account of injury to person or property, including death, whether caused by the negligence of the Y or otherwise, while Releasers are in, on our about any premises of the Y or using any of the Y's facilities or equipment or participating in any program affiliated with the Y, without regard to location.

The undersigned expressly agrees that the foregoing Waiver of Liability 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, the undersigned agrees that the balance shall, notwithstanding, continue in full force and effect. The undersigned understands that the Y has the right to dismiss any person whose actions or attitude are deemed detrimental to the Y and/or other participants, with all fees forfeited.

Children of undersigned included herein: _____

If emergency contact or medical concerns change, the undersigned accepts responsibility for notifying the Y in writing of the change.

The undersigned gives permission for photos or videotapes of himself/herself and his/her children named below while participating in Y activities to be used for promotional purposes. (Cross out and initial if permission not given).

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY, AND FURTHER AGREES THAT NO REPRESENTATIONS OR STATEMENTS OTHER THAN THOSE SET FORTH HEREIN HAVE BEEN MADE.

Name:

Participant signature or Parent/Guardian if under 18

Date