



FOR YOUTH DEVELOPMENT®  
**FOR HEALTHY LIVING**  
 FOR SOCIAL RESPONSIBILITY

**CAMP FITCH YMCA HEALTH FORM**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_

School: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Phone: (H) ( ) \_\_\_\_\_ Phone: (W) ( ) \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Phone: (H) ( ) \_\_\_\_\_ Phone: (W) ( ) \_\_\_\_\_

Please list cell phone that parent/guardian can be reached by:( ) \_\_\_\_\_

Emergency contact other than Parent/Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: (H) ( ) \_\_\_\_\_ Phone: (W) ( ) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**MEDICAL HISTORY**

Please include information on allergic reactions penicillin or other drugs, extreme sensitivity to poison ivy, bee stings, and/or food \_\_\_\_\_

**OVER THE COUNTER MEDICATIONS?**

All over the counter medications available in our medical clinic are listed below. Please check (X) yes or no to indicate whether or not you permit our Camp Directors to dispense these medications to your child as needed.

YES	NO	YES	NO	YES	NO	YES	NO
__	__	__	__	__	__	__	__
Benadryl		ibuprofen		Tums		Tylenol	
__	__	__	__	__	__		
Robitussin		Pepto-Bismol		Sudafed			

Any prescription medications that need to be taken? These should be given to your teacher or school personnel. \_\_\_\_\_

Any restriction on activity? \_\_\_\_\_

Any eating restrictions? \_\_\_\_\_

Date of last tetanus shot? \_\_\_\_\_ Other comments: \_\_\_\_\_

**AUTHORIZATION to TREAT**

This child has my permission to participate in activities at Camp Fitch. I hereby grant permission to a licensed physician or emergency center to administer emergency medical treatment if needed. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp to secure and administer treatment, including hospitalization, for my child named above. I understand the YMCA does not carry health and accident insurance and that I, as Guardian, will be responsible for any bills incurred.

**PARENT OR GUARDIAN SIGNATURE:** \_\_\_\_\_



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## Attendee Release and Parental Authorization

\_\_\_\_\_  
Name of Attendee/Student

\_\_\_\_\_  
School Name and Dates at Camp

By my signature and of my free will, I do hereby agree to indemnify and save harmless, Camp Fitch YMCA and the YMCA of Youngstown, OH from any all and claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me, or any party to whom I am responsible. Any photographs/videos taken by the YMCA staff are considered property of the YMCA and may be used in newsletters, brochures, Camp Fitch YMCA website, Facebook or other web based promotion and newspapers. I give my permission for use of these photographs for media use by Camp Fitch YMCA and YMCA of Youngstown, OH. By my signature, I have been given information to read with regard to other YMCA and camp policies.

Camp Fitch offers a horse experience for your child as part of your stay. By signing this I verify that my child is permitted to participate should activities involving horses be available. I recognize that horseback riding and trail riding may be hazardous. I hereby waive, release and discharge Camp Fitch YMCA, instructors, personnel and agents from any and all claims resulting from injury or loss as a result of such participation.

\_\_\_\_\_  
Signature of Attendee  
*(If Camp Attendee is 18 or older)*

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Signature of Parent or Guardian  
*(If Camp Attendee is 18 years or younger)*

\_\_\_\_\_  
Date of signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
City/State/Zip

CAMP FITCH YMCA  
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North Springfield, PA 16430

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[www.campfitchymca.org](http://www.campfitchymca.org)