



Camp Christopher

CYO CAMP CHRISTOPHER
DAY CAMP MEDICAL FORM

812 Biruta Street
Akron, Ohio 44307-1104
Phone: (330) 376-2267, 1 (800) CYO CAMP
Fax: (330) 762-2001

If not sent to the office before camper's scheduled week of day camp, this medical form MUST be sent with camper and given to counselor on the first day of camp.

For Camp Personnel Use Only

GROUP _____

WEEK(S) _____

MEDICAL HISTORY OF

CAMPER NAME _____

Name of Parent(s) or Legal Guardian(s) _____

Date of Birth _____ Age when at Camp _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Phone Numbers – Which number should we use first to contact you during the week? _____

HOME PHONE _____ WORK _____ CELL _____

Is the camper covered by medical insurance? ___ No ___ Yes If yes, company and policy number _____

IN CASE OF ACCIDENT, AND PARENT/GUARDIAN CANNOT BE REACHED, KINDLY NOTIFY EITHER:

NAME _____ HOME PHONE _____ WORK _____ CELL _____

NAME _____ HOME PHONE _____ WORK _____ CELL _____

IMMUNIZATION HISTORY

The ACA requires a record of immunizations including.

DTaP/ _____

TD/Tdap Boostrix/Adacel _____ (Tetanus shots are required to be with in the last ten years.)

HPV _____

HIB _____

Polio _____

MMR _____

TB Test* Date _____ Result: ___ Positive ___ Negative

*TB Test only required if camper meets high risk criteria defined by the CDC

Hep B _____

Hep A _____

Varicella _____

Prevnar _____

Meningococcal _____

MEDICAL HISTORY

(to be completed by parent/guardian)

List any recent illnesses or injuries occurring in the past month. (Including any viruses, ear infections, sinus infection, fractures, sutures, etc)

DIETARY RESTRICTIONS (Please keep in mind that camp's menu is limited, check only if necessary)

___ Does not eat red meat

___ Does not eat pork

___ Does not eat eggs

___ Does not eat poultry

___ Does not eat seafood

___ Does not eat dairy products

Other: _____

Medical History Continued on next Page

ALLERGIES (Medical History Continued)

Is camper allergic to any medications? ___ No ___ Yes If yes please list medication and reaction.

Is the camper allergic to any foods, plants, insects etc.? ___ No ___ Yes If yes please list along with reaction.

Does camper require an epi-pen for allergic reactions? ___ No ___ Yes
If yes was Epi-pen sent with camper to camp? _____

ACTIVITY RESTRICTIONS

_____ I have reviewed the program and activities of the camp, as listed in the camp brochure, and feel the camper can participate without restrictions (Camp Program includes but is not limited to swimming, boating, sports, hiking, horseback riding, & ropes course)

_____ I have reviewed the program and activities of the camp, as listed in the camp brochure, and feel the camper can participate with the following restrictions or adaptations (please describe) _____

Has the camper ever experienced any of the following?

- Fainting spells _____
- Orthodontics _____
- Bedwetting _____
- Tourette’s Syndrome _____
- Ever been hospitalized _____
- Wear glasses or contacts _____
- Eating Disorder _____
- If female, abnormal menstrual history _____
- During or after exercise: passing out, dizziness or chest pain _____
- Diabetes _____ Please list campers average blood glucose level range _____
- Sleepwalking _____
- Heart Defect/Disorder _____
- Nervous condition _____
- ADHD/ADD/behavior disorder _____
- Ever had surgery _____
- High Blood Pressure _____
- Problems with diarrhea/constipation _____
- Susceptible to skin irritation _____

Epilepsy /Seizures _____ Please list the date of camper’s last seizure and approximate length of camper’s average seizures _____

Asthma _____ Is camper’s asthma under control? _____ How many times a month does camper require the use of rescue inhalers? _____ Please list any known asthma triggers _____

SOCIAL HISTORY

Has camper experienced any of the following:

- Emotional difficulties for which professional help was sought in the past 2 years? _____
- Traveled outside the country in the past 12 months? _____
- Experienced a significant life event that continues to affect the camper’s life? _____

Does camper have a history of juvenile delinquency or unruliness? (if yes, please explain) _____

Has camper ever been disciplined by school or law enforcement/courts for any of the following: violent behavior toward self or others, threatening behavior toward self or others, possession of a weapon, sexually inappropriate behavior, or any other behavior that may negatively impact the camper or other campers/staff in attendance at Camp Christopher? If the answer is yes to any of these, please explain in detail: _____

IF ANYONE OTHER THAN GUARDIAN WILL PICK-UP CHILD FROM CAMP

Person Picking Up Child: _____

Days they will do so (if all days simply put "ALL": _____

Relationship to Camper: _____

Phone: _____

Type of Vehicle: _____

License Plate #: _____

MEDICATIONS

All medications, prescription and non-prescription (including vitamins, topicals, pain relievers, inhalers etc.) MUST be listed below and given to the Health Care Officer at registration. Medications MUST be in their original bottles with correct camper name, medication, dose and frequency, listed on the medication label. Medpack dispensers are permitted if original medication bottles are provided as well. Medications are routinely given at meals and bedtime. Be sure to bring enough medication to last the entire stay at camp. Although not mandatory, if possible, please have your health care provider review and initial medications.

_____ My camper takes no daily medications

_____ My camper takes the following prescription and non-prescription medications

| <u>Name of medication</u> | <u>dose and route</u> | <u>time to be given</u> |
|---------------------------|---|------------------------------|
| <i>Ex. Amoxicillin</i> | <i>500mg one pill twice a day, orally</i> | <i>breakfast and bedtime</i> |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |

Your camper need not bring any of the following over-the-counter medications, or substitutes, unless taken on a daily basis. If you wish to provide your camper with any other over-the-counter medications they MUST be turned in to the health care officer during camper registration.

The following is a list of over-the-counter medications that may be given to campers per camp medical protocols from the health center. Please cross out those items the camper should not be given: *Acteominophen/Tylenol (liquid and capsule), Ibuprofen/ Motrin/Advil (liquid and capsule), Maalox, Milk of Magnesia, Diphenhydramine/Benadryl (liquid and capsule), Dextromethorphan,, Hydrocortisone cream 0.5% or 1%, Lotramin cream, Antibiotic ointment, Calamine lotion. Chloraseptic throat spray.*

AUTHORIZATION FOR MEDICAL TREATMENT AND RELEASE

I hereby give permission and authorize CYO & Community Services (hereinafter "CYO") and Catholic Charities Health & Human Services (hereinafter "CCHHS"), their agents, employees, successors and assigns to provide medical care including but not limited to the administration of prescribed medications and the delivery of first aid care to me or to the program member for whom I am parent or legal guardian (hereinafter "the program member"). I hereby give permission and authorize CYO and CCHHS, their agents, employees, successors and assigns to act on my behalf or on the behalf of the program member to seek medical treatment in the case of illness or accident from a medical practitioner or hospital and to arrange necessary related medical transportation. Should medical attention be required to care for me or for the program member, I agree to pay any expenses incurred.

In consideration of my participation or the participation of the program member in a CYO and/or CCHHS program, and wishing to promote and benefit this non-profit cause, I hereby release and hold harmless CYO and CCHHS, any of their related corporate entities, the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, their representatives, licensees, agents, employees, successors and assigns, from any and all liability for claims and demands arising out my medical care or the medical care of the program member. I specifically waive any rights and claims that I may have as well as any other claims for damages in law or equity.

AUTHORIZATION TO PARTICIPATE IN FIELD TRIPS AND RELEASE

I hereby give permission and authorize CYO & Community Services (hereinafter "CYO") and Catholic Charities Health & Human Services (hereinafter "CCHHS"), their agents, employees, successors and assigns to include me or the program member for whom I am parent or legal guardian (hereinafter "the program member") in any and all travel and/or field trips offered by CYO and/or CCHHS throughout the term of the program. I am aware that travel of any kind, whether by vehicle, foot, or any other means, constitutes a field trip. I understand that it is my responsibility to ascertain my physical fitness or the physical fitness of the program member to participate in any and all field trips of the program.

In consideration of my participation or the participation of the program member in a CYO and/or CCHHS program, and wishing to promote and benefit this non-profit cause, I hereby indemnify, release and hold harmless CYO and CCHHS, any of their related corporate entities, the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, their representatives, licensees, agents, employees, successors and assigns, from any and all liability for claims and demands arising out of my participation or the participation of the program member in any field trips. I specifically waive any rights and claims for damages in law or equity.

AUTHORIZATION TO PHOTOGRAPH & RELEASE

I hereby give permission and authorize CYO & Community Services (hereinafter "CYO") and Catholic Charities Health & Human Services (hereinafter "CCHHS"), their agents, employees, successors and assigns to photograph, or otherwise electronically or digitally record my image or the image of the program member for whom I am parent or legal guardian (hereinafter "the program member") for publication in printed or electronic form, and for my image or that of the program member to be seen and disseminated to the general public in any media form, including, but not limited to CYO and/or CCHHS newsletters, posters, displays, films, videos or websites.

In consideration of my participation or the participation of the program member in a CYO and/or CCHHS program, and wishing to promote and benefit this non-profit cause, I hereby indemnify, release and hold harmless CYO and CCHHS, any of their related corporate entities, the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, their representatives, licensees, agents, employees, successors and assigns, from any and all liability for claims and demands arising out of the use of my image or the image of the program member in any aforementioned media. I specifically waive any rights and claims that I may have or claim for privacy, invasion of privacy, libel, payment or royalties for use of the above-described photograph, as well as any other claims for damages in law or equity.

WAIVER OF LIABILITY, RELEASE and ACCEPTANCE OF FINANCIAL RESPONSIBILITY

I pledge that all of the information contained in this application is accurate, complete and true. This application has my approval, and I agree to abide by the rules and decisions of CYO & Community Services (hereinafter "CYO") and Catholic Charities Health & Human Services (hereinafter "CCHHS"). I accept financial responsibility for any fees associated with my participation or the participation of the program member I am enrolling. I understand that all activities have certain risks and could result in injury. I specifically waive and relinquish all claims that I or the program member for whom I am parent or legal guardian (hereinafter "the program member") might have, fully release and discharge and agree to indemnify and hold harmless and defend CYO and CCHHS, any of their related corporate entities, the Bishop of the Roman Catholic Diocese of Cleveland, the Roman Catholic Diocese of Cleveland, their representatives, licensees, agents, employees, successors and assigns from any and all liability for claims and demands resulting from harms or injuries, including but not limited to loss of life, damages and losses sustained by me or by the program member arising out of, connected with or in any way associated with activities of CYO and/or CCHHS.

I have read and fully understand the contents of the above authorizations and releases, including the Waiver of Liability, Release and Acceptance of Financial Responsibility and agree to the provisions contained herein. IN WITNESS WHEREOF, I set my hands hereto as of the date set forth below:

X _____
Signature of Program Member or Parent/Legal Guardian of Program Member

Date