

YWCA NWO Youth Development, Summer Enrichment Camp, Lima, OH

HOW TO SIGN UP

Turn in this parent pack after completed by mailing or dropping it off at:
YWCA of Northwest Ohio Youth Development Dept.
608 W. High St. Lima, OH 45801
or email it to: gbevis@ywcanwo.org

YOUR CONTACT INFO

NAME: _____

EMAIL: _____

ALTERNATE EMAIL OR PHONE NUMBER: _____

PHONE NUMBER: _____

ywca of Northwest Ohio TOP Summer Enrichment Camp **Permission of Participation/Medical Waiver**

Name of Youth (please print) _____ Name of Parent(s)/Guardian(s) _____
 Address _____ Zip code _____ Cell Phone _____
 Date of Birth _____ Grade Level _____ School Attended _____ T-shirt Size (adult size) _____

INSURANCE INFORMATION YWCA of Northwest Ohio does NOT carry health/accident insurance for summer participants

Primary Policy Holder _____ Insurance Company _____ Policy Number _____ Relationship to child _____
 Secondary Insurance Holder _____ Insurance Company _____ Policy Number _____ Relationship to child _____
 Physician's Name _____ Physician's Phone Number _____

EMERGENCY CONTACTS

Name(s) of person(s) (if you cannot be reached) and telephone numbers to call in case of emergency:
 Name _____ Relationship _____ Cell Phone _____
 May these people act in your place? yes no

HEALTH HISTORY

Allergies: check all that apply to your child

My child has no known allergies

My child is allergic to food(s): _____
 Causes anaphylaxis? ___yes ___no
 Describe the reaction to this food and what is done to manage it:

My child is allergic to this medication: _____
 Causes anaphylaxis? ___yes ___no
 Describe the reaction to this food and what is done to manage it:

My child is allergic to the following: _____
 Causes anaphylaxis? ___yes ___no
 Describe the reaction to this food and what is done to manage it:

Nutrition:

My child eats a regular diet.

My child eats a restricted diet: _____

Chronic Health Concerns:

My child has no chronic health concerns and is capable of full participation within the ywca summer program.

My child has the following chronic health concerns:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Menstrual Cramps
<input type="checkbox"/> Headaches	<input type="checkbox"/> Fainting
<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Frequent colds
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Surgical history
<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Other

Information about items above (attach addition information if needed):

Mental, Emotional, and Social Health

1. This student has been diagnosed with Attention Deficit Disorder (ADD) or ADHD..... Yes No
2. This student has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder..... Yes No
3. This student has an emotional health concern (please specify)..... Yes No
4. This student has seen or is currently seeing a professional to address mental/emotional concerns..... Yes No
5. This student has had a significant life event that continues to affect the student's life..... Yes No

If "yes," please provide information about the event—death of a loved one, family change, adoption new sibling, survived a disaster—its impact on your student's life and care tips for their time at camp.

When We Need to Talk with You: We will certainly call in an emergency, but we'll also call if we have questions about your child's health. If we cannot reach you or your emergency contact at the numbers listed, please provide information for other people who know your child and with whom we can consult. We assume you have spoken to these alternative contacts and they are willing to assist should the need arise.

Alternate Contact _____ Phone Number _____ Relationship _____

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What Have We Forgotten to Ask? Please provide additional information about your child's health that may have been neglected on these forms. We are particularly interested in information that has an impact on your child's ability to fully participate in our program.

I have read the above Permission/Medical Waiver Form and am fully familiar with the contents thereof. I give permission of the child named above to participate in the activities of the YWCA Summer Enrichment Camp including any special events/activities described in the schedule. I hereby consent to the Permission/Medical Waiver Form, including the Release of Liability above, on behalf of the child, and hold neither the YWCA of Northwest Ohio, its cooperating organizations, or the staff responsible in case of injury, accident, or illness. I medically authorize the YWCA staff to arrange for medical treatment, if necessary, and will assume financial responsibility.

Signature of Parent or Legal Guardian

Printed Name of Parent or Legal Guardian

Date

Photograph

I give permission for the YWCA of Northwest Ohio to use any photographs or video acquired of my child through participation in the TOP Summer Enrichment Camp to be used in future support of and/or recruitment for the YWCA. This may include but is not limited to, newsletters, flyers, advertisements or website. I also allow any photography or video taken to be used by other media sources, and/or local television news stations that children may come in contact with through volunteer or social action/enrichment projects.

Signature of Parent or Legal Guardian

Printed name of Parent or Legal Guardian

Date