



# Frost Valley YMCA Wellness Center

2000 Frost Valley Road, Claryville, NY 12725

Ph: (845)985-2291 Fax: (845)985-0059 FrostValley.org



DATE OF TRIP FROM \_\_\_\_\_ TO \_\_\_\_\_

School \_\_\_\_\_ Lead Teacher \_\_\_\_\_

### Student Health Information

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Home Address \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ ID# \_\_\_\_\_

#### In an emergency, if unable to reach parent, contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

#### Health History: (please check all that apply and explain):

<input type="checkbox"/> Asthma	<input type="checkbox"/> Glasses/contact lenses	<input type="checkbox"/> Heart disease/defect
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eating disorders	<input type="checkbox"/> Nose bleeds
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Respiratory disorder	<input type="checkbox"/> Ear infections
<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Sleep walking	<input type="checkbox"/> Chicken pox
<input type="checkbox"/> Headaches	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Other

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any known allergies (Food or Drug): \_\_\_\_\_

Diet Restrictions \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

-----Cut here when needed-----

#### \*Note: 3 signatures required below\*

#### Authorization to Consent to Treatment of Minor Temporarily Separated from His/Her Parents

I, the undersigned, parent or legal guardian of (child's name) \_\_\_\_\_, a minor, am familiar with the program and the general nature of activities planned during their trip to Frost Valley YMCA, and to the best of my knowledge the above information is correct and my child is capable of participating in and has permission to engage in all activities. I do hereby authorize (School Name) \_\_\_\_\_

(Lead Teacher) \_\_\_\_\_ As our agent(s) to consent to any diagnostic procedure or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician at the nearest hospital with facilities appropriate to my child's injury/illness. This authorization shall remain effective until (day after the last day of the trip) \_\_\_\_\_ unless sooner revoked in writing delivered by said agent(s).

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Student waiver of liability

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my dependent children which might arise directly or indirectly as a result of, and or participation in the Frost Valley YMCA program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the Frost Valley YMCA and all employees and volunteers in their capacities as representatives of the YMCA. Except for injuries caused intentionally, or by willful misconduct, I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same is binding not only of me, but my heirs, administrators, executors, successors and assigns.

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Student Model and Statement Release

Periodically, Frost Valley YMCA uses photos and statements made by participants in the Frost Valley YMCA programs for newsletters, fund raising efforts, brochures and articles about Frost Valley YMCA. All photos and statements are used with reasonable judgement for purposes directly relating to the operations of Frost Valley YMCA. This signed form gives Frost Valley YMCA permission by the signer to utilize participant photos or statements for the purposes mentioned above.

Parent/Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_