FROST VALLEY YMCA GUENTHER FAMILY WELLNESS CENTER
2000 Frost Valley Road, Claryville, NY 12725
TEL 845-985-2291 ext. 225 FAX 845-985-0059 WEB frostvalley.org

STUDENT HEALTH FORM

DATE OF TRIP: FROM ______ TO ______  Lead Teacher _______________________________________________________________________

School ___________________________________________________________  Lead Teacher _______________________________________________________________________

Student Last Name ___________________________________________  First Name______________________________________________

Parent/Guardian’s Name ____________________________  Phone _____________________________________________________________________________________________________________

Phone Number: (home) ____________________  (work) ____________________  (cell) ____________________

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

Name ____________________________________________  Phone ____________________________

Name ____________________________________________  Phone ____________________________

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

__Asthma  __Glasses/contact lenses  __Heart disease/defect

__Diabetes  __Eating disorders  __Nose bleeds

__Hypertension  __Respiratory disorder  __Ear infections

__Seizure disorder  __Sleep walking  __Chicken pox

__Headaches  __Bedwetting  __Other

Comments: ________________________________________________________________________________________________________________________________________________

Any known allergies (Food or Drug): ________________________________________________________________________________________________________________________________________________

Diet Restrictions _____________________________________________________________________________________________________________________________________________

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

Name ____________________________________________  Phone ____________________________

Name ____________________________________________  Phone ____________________________

Date of Last Tetanus Shot ____________________________________________

Note: 2 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. I agree to the release of any records necessary for medical treatment or insurance purposes. 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. This document may be photocopied.

*Parent/Legal Guardian’s Signature ____________________________________________________________________________ Date _________________________________

STUDENT PHOTOGRAPH AND STATEMENT RELEASE

Periodically, Frost Valley YMCA uses photos and statements made by participants in Frost Valley YMCA programs for newsletters, fundraising efforts, brochures and articles about Frost Valley YMCA. All photos and statements are used with reasonable judgment 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 _________________________________