



Frost Valley YMCA Wellness Center
 2000 Frost Valley Road, Claryville, NY 12725
 Ph: (845)985-2291 Fax: (845)985-0059 FrostValley.org



School BMS Lead Teacher C. S. Gray DATE OF TRIP FROM 12 TO 14

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 _____