



Adirondack Sports Complex Day Camp Medical Form

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Queensbury, NY 12804
Phone: (518) 743-1086
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For Camp Personnel Use Only

GROUP _____

WEEK(S) _____

MEDICAL HISTORY OF

CAMPER NAME _____

Date of Birth _____ Age when at Camp _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

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: _____

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 peanut

___ Does not eat red meat

___ Does not eat eggs

___ Does not eat poultry

___ Does not eat seafood

___ Does not eat dairy products

Other: _____

ALLERGIES

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.

_____ 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 _____

MEDICATIONS

All medications, prescription and non-prescription (including vitamins, topicals, pain relievers, inhalers etc.) MUST be listed below and given to the Main Office 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. 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.

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 #: _____

Authorization, Release and Waiver of Liability

I. Medical Treatment

I, _____, the undersigned Program Member or parent or legal guardian of Program Member, hereby give permission, consent and authorization to Adirondack Sports Complex (hereinafter "ADKSC"), and its authorized employees and agents, to provide medical care including, but not limited to, the administration of prescribed medications and delivery of first aid care to _____ (Name of Program Member)

I further give permission and authorize ADKSC 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 the closest and most appropriate medical practitioner or hospital available and to arrange necessary related medical transportation. Should medical attention be required to care for me or for the Program Member named above, beyond that provided by the ADKSC program staff, I agree to pay any expenses incurred. I understand that ADKSC will make reasonable efforts to contact me or the listed emergency contacts in the case that medical attention will become necessary.

II. Medical Records

Any and all information concerning the above named Program Member's history including allergies, medications and physical impairments, has been reported in these registration forms. In the event of an emergency, I authorize ADKSC to share the completed registration information packet with persons related to the treatment of the above named program member. I agree to the release of any records necessary for insurance or treatment purposes. This completed form and other information may be photocopied or faxed and those copies should be considered as valid as the original.

III. Photographs

I further give permission and authorize ADKSC to photograph or otherwise electronically or digitally record my image or the image of the Program Member, for whom I am a parent or legal guardian, 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 ADKSC newsletters, posters, displays, films, videos, or websites.

IV. Validity of Information Provided, Release, Indemnification and Waiver of Liability

A. Photograph Release - In consideration of my participation or the participation of the Program Member in a ADKSC program, for myself and the Program Member for whom I am parent or legal guardian, I hereby indemnify, release and hold harmless ADKSC and any of its related entities, corporate or otherwise, their employees, representatives, successors and assigns, from any and all liability for claims that I may have or claim for privacy, invasion of privacy, libel, payment of royalties for use of the above-described photograph, video or electronic image, as well as claims for damages or other relief in law or equity.

B. Statement of Validity of Information Provided, Release, Indemnification, Waiver of Liability

I state that all of the information contained in this application is accurate, complete and true, to the best of my knowledge. This application has my approval, and I agree to abide by the rules and decisions of ADKSC. 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 might have. I fully release, discharge and agree to indemnify, hold harmless and defend ADKSC, any of their related entities, corporate or otherwise, their agents, employees, representatives, successors and assigns, and their agents, employees, representatives, successors, and assigns, from any and all liability for claims and demands resulting from harm, bodily injury, loss of life or property, damages and losses sustained by me or the Program Member that may occur as a result of my or the Program Member's participation in any activity associated with ADKSC for which permission has been granted to participate in the activities fully described in the above mentioned Sections I – III, as well as the provisions contained in this Section IV.

I have read and fully understand the contents of this entire document, including Sections I-IV, and consent to the provisions contained herein.

**Signature of Program Member or Parent/
Legal Guardian of Program Member**

Date

Print Name