



# Youthfront Camp

## 2009 Medical Authorization & Waiver

Please check the following information. Friends listed as "Rooming With" may or may not already be registered.  
Call the Camp Office at (913) 647-2126 if there is an error. Our office hours are 8:30-4:30, M-F.

Dear Camper:

Your week at Youthfront Camp is only a few days away. We will be expecting you at 1:00 p.m. on the first day of camp (EXCEPT 9:00 a.m. Mon. or Thurs. for *Mini-Week*) of your week. Please have your parent or guardian complete the following information and **bring this form with you** to Youthfront Camp. **Do not mail it to Youthfront.**

**ATTENTION:**

The remaining balance is due on the first day of camp. We will not accept cash at registration. Check, money order, or credit cards are accepted.

Dear Parent:

Obviously, we take every precaution to ensure your child's safety while at Youthfront Camp. Occasionally, people do get hurt. **We strongly advise that you have individual health insurance.** In case of sickness or accident, you MUST fill out the following as a precaution.

### Contact Information

Primary Parent/ Guardian \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Father**

**Mother**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home ( \_\_\_\_\_ ) \_\_\_\_\_

Home ( \_\_\_\_\_ ) \_\_\_\_\_

Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Work ( \_\_\_\_\_ ) \_\_\_\_\_

Work ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**Grandparent(s)**

**Grandparent(s)**

Name(s) \_\_\_\_\_

Name(s) \_\_\_\_\_

Primary Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Primary Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

## Medical Information

Camper's Birthday \_\_\_\_\_ Camper's SS# \_\_\_\_\_

Name of Hospitalization Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Current medication \_\_\_\_\_

Reason for taking medication \_\_\_\_\_

Circle any allergies: Hay Fever Poison Ivy Insect Sting Penicillin Other

List any dietary allergies \_\_\_\_\_

Does your child have seizures?  Yes  No Date of last occurrence \_\_\_\_\_

List any camp activity from which your child should be exempted for health reasons \_\_\_\_\_

<b>Immunization Record</b> Please list the dates of these vaccinations:		Last Tetanus Shot: / /
DPT (Diphtheria Pertussis Tetanus): / /	Hepatitis B: / /	Varicella (Chicken Pox): / /
MMR (Measles, Mumps, Rubella): / /	Polio: / /	Hib (Haemophilus Influenza Bacteria): / /

Family doctor \_\_\_\_\_ Doctor's phone number ( ) \_\_\_\_\_

List your child's past medical treatment if any \_\_\_\_\_

Please describe any current physical, mental or psychological conditions requiring medication, treatment or special restrictions or considerations while at camp \_\_\_\_\_

## Child To Follow Community and Safety Guidelines

My signature below acknowledges that I understand my child will be expected to follow the Camp Community Safety Guidelines. If my child repeatedly refuses to follow these guidelines, I understand my child may be dismissed from camp and I will be asked to drive to the camp to pick him/her up or provide the transportation costs involved to get him/her home. I realize any disciplined camper who is sent home will forfeit his/her unused camp fees.

## Use of Likeness

I also give my permission to Youthfront to use any photographs or videos taken of my child for promotional purposes.

## Emergency Medical Authorization

The medical information provided on this form regarding my child is correct to the best of my knowledge. I have read the 2009 Camp Brochure and give my permission for my child to engage in all learning and recreational activities at the camp. I certify that my child is able to participate in those activities and that all medical conditions or allergies of my child which may limit my child's participation in activities are listed above. IN THE EVENT I CANNOT BE REACHED IN CASE OF AN EMERGENCY, I HEREBY AUTHORIZE YOUTHFRONT, ITS OFFICERS, DIRECTORS, AGENTS, EMPLOYEES, OR DESIGNATED PERSONNEL TO GIVE MEDICAL ASSISTANCE TO MY CHILD. I ACCEPT FULL RESPONSIBILITY FOR PAYMENT OF EXPENSES INCURRED AS A RESULT OF ANY MEDICAL TREATMENT FOR MY CHILD.

## Waiver

In consideration for my child being allowed to be a camper at a Youthfront Camp, I agree to hold harmless and release Youthfront, its directors, officers, employees, volunteers and agents from liability for any fault, mistake, negligence, or omission causing damage, loss, injury, or death to me or my child (hereinafter referred to jointly as Damage) arising from my child's attendance at the camps, including any Damage arising from the provision of emergency medical treatment.

Parent/Guardian Signature \_\_\_\_\_

Student Signature \_\_\_\_\_