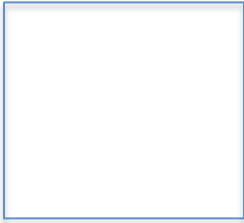


YMCA OKANAGAN MEDICAL INFORMATION &
EMERGENCY FORMS



NAME:



Please attach a photograph of your child.

Street Address: _____

Birthdate: ____/____/____

City/Prov: _____

Gender: _____

Postal Code: _____

Primary Phone: _____

Camp Session: _____

Secondary Phone: _____

FAMILY INFORMATION

Parents/Legal Guardians

NAME: _____
Street Address: _____
City/Prov: _____
Postal Code: _____
Primary Phone: _____
Email: _____

NAME: _____
Street Address: _____
City/Prov: _____
Postal Code: _____
Primary Phone: _____
Email: _____

Siblings also attending camp:

EMERGENCY CONTACTS/Pick-Up Lists:

Name	Primary Phone	Secondary Phone	Email

Who should NOT pick up your child? _____

MEDICAL INFORMATION

Health Card #: _____

INSURANCE PROVIDER (if not covered by Canadian Health Care):

Company Name:

POLICY #: _____ PHONE #:: _____

MEDICAL PROVIDER

Name:

Phone Number:

Type of Doctor:



MEDICAL HISTORY & IMMUNIZATIONS

Important Medical Conditions (not mentioned below):

Does the member have any known allergies?

Yes No

If yes, please specify the following :

Type(s) : Environmental Food Medication

Please provide details including allergen name, reaction when exposed, severity of reaction, preferred actions if exposed, and additional information.

Does the camper have or has ever had one of the following conditions:

- Ear Infections
 Frequent Headaches
 Heart Condition
 Asthma
 Eczema
 Seizures/Epilepsy
 Other Medical History or conditions
 Diabetes

Please provide additional information if you checked off any of the above:

Does the member require any additional care/support or have other special needs?

Yes No

Any chronic disabilities, challenges, illnesses or frequent infections?

Yes No

Is there anything else we need to know that may require YMCA of Okanagan to make adaptation

Yes No

I require a consultation with the camp director regarding elements of my child's participation.

Yes No

MEDICATIONS & TREATMENTS:

Is the camper currently under any form of treatment/medication for an illness, condition or injury? Yes No

Has the camper taken medication for ADD/ADHD during the past year?

Yes No

If yes, provide more details and fill out table below:

Medication Name:	Treatment for:	Dose & Frequency:	Administered when and by who:



FOOD REQUIREMENTS:

Vegetarian Vegan Lactose-Intolerant Gluten Intolerant Food Allergies

Details of any food requirements or allergies: _____

ADDITIONAL QUESTIONS:

Does your child require a Lifejacket? Yes No

Children arriving and departing alone must be ten years of age or older.

I hereby authorize my child to arrive and depart from YMCA of Okanagan programs on his/her own accord.

(PLEASE NOTE THAT IF YOUR CHILD IS UNDER 10, THEY CANNOT BE SELF-RELEASED, SO PLEASE INDICATE NO.)

Yes No

Do you agree to the YMCA of Okanagan Photo & Video Release Waiver? * Yes No

Photo and Video Consent, Assignment and Release Form

PURPOSES: For marketing, advertising, promotional and/or communication purposes, the YMCA may, from time to time, take photographs and/or video recordings of YMCA based activities or events that include real people, which photographs and video recordings will be placed in the YMCA National Photo Bank and which may be used by any YMCA in Canada (the "Purposes"). For purposes of this Form, "YMCA" refers to the local YMCAs and YMCA-YWCAs in Canada and to YMCA Canada, the national association of local YMCAs and YMCA-YWCAs across Canada.

For valuable consideration received but without any promise of remuneration, I hereby agree to allow photographs and/or video recordings to be taken of me, whether posed or candid, while I am on YMCA property and/or participating in YMCA activities or events, to be used by the YMCA in connection with the Purposes, whether on the YMCA's internet web site, in YMCA printed materials, or in any other medium (the "Work Product"). I confirm that the YMCA shall not be obligated to use the Work Product.

I understand that the Work Product is being created under the direction and control of the YMCA. I hereby irrevocably assign to the YMCA any and all rights, including copyright, financial or moral, that I may have in the Work Product. I agree that the YMCA has the sole worldwide ownership and rights in and to the Work Product, including copyright interests, and I acknowledge that I have no interest or ownership in the Work Product or its copyright. Photos and/or video recordings will not be sold to third parties and will not be used by third parties except in cases where a third party has been contracted by the YMCA to create the Work Product.

I agree that I will not bring or consent to others bringing a claim or action against the YMCA on the grounds that anything contained in the Work Product, or in the manner in which the Work Product is used, is defamatory, reflects adversely on me, or violates any other right whatsoever, including, rights of privacy and publicity. I hereby release and forever discharge each of the YMCAs, its officers, directors, employees, agents, partners and affiliates, and their respective heirs, executors, personal legal representatives, successors and assigns, as applicable, from all actions, claims, causes of action, suits, demands, liabilities and damages whatsoever, in law or equity, which I may have against any of them in connection with the Work Product.

I confirm that I am over the age of 19 and am competent to execute this Form and to participate in the development of the Work Product; or, to the extent that I am under the age of 19, have had my parent or guardian review this Form and consent to my participation in the creation of the Work Product on my behalf.

Any inconsistency between this Form as expressed in English and any other language shall, to the full extent permitted by applicable law, be resolved by reference to the English version. Les parties ont convenu de rédiger cette entente en anglais.



I understand that the information I provide will be kept confidential. Medical information will only be given to those who supervise the children, to assist them in recognizing and responding to a medical emergency, enable them to reduce risk of injury or illness and prepare contingency plans in the event that an emergency does occur.

RISK/MEDICAL WAIVER- I am aware of the usual risks and dangers inherent in participation in all of the activities associated in participation in the YMCA of Okanagan Child & Youth Programs, which include but are not limited to:

- Injuries resulting from program location
- Injuries resulting in participation in simple outdoor, pool, dance, drama and art activities
- Injuries resulting from physical activities and games

I hereby grant my child permission to participate in YMCA of Okanagan Child & Youth Programs and authorize YMCA of Okanagan to provide or cause to be provided such medical services that YMCA of Okanagan or medical personnel consider appropriate.

PARENT/GUARDIAN DISCLOSURE- I have honestly disclosed all the information requested in the questions and I understand that withholding information may contribute to injury or illness and could possibly compromise the care provided in the event of an emergency. The person herein described has permission to engage in all prescribed program activities, including out trips and off-site trips, being transported in YMCA vans except as noted by myself and/or an examining physician. If any of the above information changes prior to, or during the program, I will immediately notify the staff of the YMCA of Okanagan.

I agree to assume all risk in allowing my child to participate in Y programs. I agree to indemnify and save harmless the YMCA of Okanagan, its servants and agents, relieving them of all liability for losses or damages of all and every description my child may suffer.

DUE TO ALLERGIES, PLEASE ENSURE YOUR CHILD BRINGS ONLY NUT-FREE LUNCH & SNACKS TO PROGRAMS.

Signature of Parent/Guardian: _____ Date: _____