PART A General Information/Health History

Camp RYLA "REACH FOR THE FUTURE" Rotary International District 5810

MEDICAL FORM

Name:

Internal Use Only

Cabin #:

Full name: _____

DOB: _____

Age: _____ Gender: _____ Height: _____ Weight: _____

Address: _____

City: _____ State: _____ ZIP code: _____ Telephone: _____

Health/Accident Insurance Company: _____ **Policy No.:** _____

Please attach a photocopy of both sides of the insurance card. If you do not have medical insurance, enter "none" above.

IN CASE OF EMERGENCY, notify the person below:

Name: _____ Relationship: _____

Address: _____ Mobile phone: _____ Other phone: _____

Alternate contact name: _____ Alternate's phone: _____

Health History

Do you currently have or have you ever been treated for any of the following?

YES	NO	CONDITION	EXPLAIN
❑	❑	Diabetes	**Last HbA1c percentage and date:**
❑	❑	Hypertension (high blood pressure)	
❑	❑	Epinephrine (EPI Pen)	
❑	❑	Adult or congenital heart disease/heart attack/chest pain (angina)/ heart murmur/coronary artery disease. Any heart surgery or procedure. Explain all "yes" answers.	
❑	❑	Family history of heart disease or any sudden heart-related death of a family member before age 50.	
❑	❑	Stroke/TIA	
❑	❑	Asthma	**Last attack date:**
❑	❑	Lung/respiratory disease	
❑	❑	COPD	
❑	❑	Ear/eyes/nose/sinus problems	
❑	❑	Muscular/skeletal condition/muscle or bone issues	
❑	❑	Head injury/concussion	
❑	❑	Hydration/heat related issues	
❑	❑	Psychiatric/psychological or emotional difficulties (anxiety)	
❑	❑	Behavioral/neurological disorders (eating disorder)	
❑	❑	Blood disorders/sickle cell disease	
❑	❑	Ever been dizzy/passed out as a result of exercise	
❑	❑	Kidney disease	
❑	❑	Seizures	**Last seizure date:**
❑	❑	Abdominal/stomach (constipation/diarrhea)/menstrual cramps (issues)/digestive problems	
❑	❑	Thyroid disease	
❑	❑	Excessive fatigue	
❑	❑	Obstructive sleep apnea/sleep disorders	**CPAP: Yes** ❑ **No** ❑
❑	❑	Have you been exposed to TB?	
❑	❑	Have you traveled outside of the U.S. in the last 18 months?	**List country(ies):**
❑	❑	List all surgeries and hospitalizations	**Last surgery date:**
❑	❑	List any other medical conditions not covered above	

PART A General Information/Health History

Camp RYLA "REACH FOR THE FUTURE" Rotary International District 5810

MEDICAL FORM

Full name: _____

DOB: _____

Allergies/Diet Restrictions/Medications

Are you allergic to or do you have any adverse reaction to any of the following?

YES	NO	ALLERGIES OR REACTION	EXPLAIN
❑	❑	Medication	
❑	❑	Food	
❑	❑	Plants	
❑	❑	Insect bites/stings	

Do you have any special dietary needs or restrictions?

DIETARY NEEDS OR RESTRICTIONS	EXPLAIN

List all medications currently used, including any over-the-counter medications.

❑ **CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.** ❑ **IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET OR ON BACK PAGE OF THIS DOCUMENT (PART C)**

❑ **CHECK HERE IF MEDICATIONS NEED REFRIGERATION**

MEDICATION	DOSE	FREQUENCY	REASON

❑ **YES** ❑ **NO** **Non-prescription medication administration is authorized with these exceptions:** _____

Administration of the above medications is approved for youth by:

_____ / _____

Camper name/ Print **Parent/guardian signature**

! Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor. !

Immunization

The following immunizations are recommended by Camp RYLA. Tetanus immunization is required and must have been received within the last 10 years. If you had the disease, check the disease column and list the date. If immunized, check yes and provide the year received.

YES	NO	HAD DISEASE	IMMUNIZATION	DATE(S)
❑	❑	❑	Diabetes	
❑	❑	❑	Tetanus	
❑	❑	❑	Pertussis	
❑	❑	❑	Diphtheria	
❑	❑	❑	Measles/mumps/rubella	
❑	❑	❑	Polio	
❑	❑	❑	Chicken Pox	
❑	❑	❑	Hepatitis A	
❑	❑	❑	Hepatitis B	
❑	❑	❑	Meningitis	
❑	❑	❑	Influenza	
❑	❑	❑	Other (i.e., HIB)	
❑	❑	❑	Exemption to immunizations **(form required)**	

Please list any additional information about your medical history:

DO NOT WRITE IN THIS BOX

Review for camp or special activity.

Reviewed by:

Date:

Further approval required: ❑ **YES** ❑ **NO**

Reason:

Approved by:

Date:

PART B Informed Consent, Release Agreement, and Authorization

Full name: _____

DOB: _____

Camp RYLA "REACH FOR THE FUTURE" Rotary International District 5810

Informed Consent, Release Agreement, and Authorization

I understand that participation in Camp RYLA activities involves the potential risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the venue or activity coordinators. I also understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct.

In case of an emergency involving my child, I understand that efforts will be made to contact the individual listed as the emergency contact person by the medical provider and/or adult leader. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge, camp medical staff, camp management, and/or any physician or health-care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered in the program. I further authorize the sharing of the information on this form with any professionals who need to know of medical conditions that may require special consideration in conducting Camp RYLA activities.

With appreciation of the dangers and risks associated with programs and activities, on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against the Camp RYLA, Rotary International, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with any program or activity to the fullest extent permitted by law.

I also hereby assign and grant to Camp RYLA, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of my child at all Camp RYLA activities, and I hereby release Camp RYLA, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of Camp RYLA, and I specifically waive any right to any compensation I may have for any of the foregoing.

NOTE: Due to the nature of programs and activities, the Camp RYLA and Rotary clubs cannot continually monitor compliance of program participants or any limitations imposed upon them by parents or medical providers. However, so that leaders can be as familiar as possible with any limitations, list any restrictions imposed on a child participant in connection with programs or activities below.

List participant restrictions, if any: ❑ **None**

_____

_____

I willingly agree to comply with the stated and customary terms and conditions for participation in any and all camp activities. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

Participant's signature:_____ Date: _____

Parent/guardian signature for youth:_____ Date: _____

Second parent/guardian signature for youth:_____ Date: _____

Transportation to and from the RYLA program will be provided by the student's sponsoring Rotary club.

Rotary International has a zero-tolerance policy toward abuse and harassment, and is guided by the following Statement of Conduct for Working with Youth:

Rotary International is committed to creating and maintaining the safest possible environment for all participants in Rotary activities. It is the duty of all Rotarians, Rotarians' spouses, partners, and other volunteers to safeguard to the best of their ability the welfare of and to prevent the physical, sexual, or emotional abuse of children and young people with whom they come into contact. (RCP 2.110.1)

A full copy of Rotary International's policy is available at www.rotary.org/en/document/622.

PART C Additional Information

Full name: _____

DOB: _____

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MEDICAL FORM