FROST VALLEY YMCA
Wellness Center Health Form

STUDENT HEALTH FORM

Date of Trip: From _____ To _____
School _____ Lead Teacher _____

Student Last Name _____ **First Name** _____
Date of Birth _____ **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):

☐ Asthma	☐ Glasses/contact lenses	☐ Heart disease/defect	☐ Headaches
☐ Diabetes	☐ Eating disorders	☐ Nose bleeds	☐ Bedwetting
☐ Hypertension	☐ Respiratory disorder	☐ Ear infections	☐ Other
☐ Seizure disorder	☐ Sleep walking	☐ Chicken pox	

Comments: _____
Any known allergies (food or drug): _____
Date of Last Tetanus Shot: _____
For dietary restrictions, please email our Dining Services staff: chartwells@frostvalley.org or call 845-985-2291 x 230

CUT WHEN NEEDED

Note: 2 signatures REQURIED* below

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR TEMPORARILY SEPARATED FROM THEIR 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. I agree to the release of any records necessary for medical treatment or insurance purposes. 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. This document may be photocopied.
***Parent/Legal Guardian's Signature** _____**Date** _____

ADDRESS 2000 Frost Valley Rd, Claryville, NY 12725 **TEL** 845-985-2291 x 225 **FAX** 845-985-0059
updated: 11/15/2023