CAMPER MEDICAL HISTORY FORM

Village of Richfield Parks & Recreation 4410 W. Streetsboro Road, Richfield, OH 44286

**The last day this form may be dropped off in office is June 10th, after that date our camp staff will no longer be in office to receive it. Forms may also be dropped off AT CAMP on your child's first day.*

Camper Name _____ (Name Called) _____

Date of Birth _____ Age at camp_____

Gender _____

Camp Week(s) attending_____

Mother / Guardian Name _____ Father / Guardian Name _____

Home Address _____
Street City State Zip

Daytime Phone _____ Cell Phone _____

Emergency Contact _____ Phone _____

If not available in an emergency, notify:

Name_____ Relationship _____ Phone_____

HEALTH HISTORY

The following information must be filled in by the parent/guardian. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your child's needs.

ALLERGIES List all known medical and food allergies. Only list food allergies if reactions are severe or fatal.

_____

_____

_____

SPECIAL DIET If your child requires a doctor prescribed diet, please indicate diet and reason below.

_____

_____

_____

(Please attach sample menu or special food list.)

MEDICATIONS BEING TAKEN

Please list ALL medications (including over the counter or non-prescription drugs) taken routinely. Bring only medicines to camp that require prescriptions. We will administer the non-prescription medications to campers upon their request or instruction from parent/guardian. Bring prescription medicines in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage,

☐ **This person takes NO medication on a routine basis.**

☐ This person takes medication as follows.

Med #1_____ Dosage_____ Specific times taken each day_____

Reason for taking_____

Med #2_____ Dosage_____ Specific times taken each day_____

Reason for taking_____

GENERAL QUESTIONS (Explain "yes" answers below.)

Has/does the participant:

1. Have a chronic or recurring illness/condition?	Y___ N___	11. Have a history of bedwetting?	Y___ N___
2. Ever been hospitalized?	Y___ N___	12. Ever had high blood pressure?	Y___ N___
3. Have frequent headaches?	Y___ N___	13. Ever been diagnosed with a heart murmur?	Y___ N___
4. Ever had a head injury?	Y___ N___	14. Ever had back problems?	Y___ N___
5. Ever had frequent ear infections?	Y___ N___	15. Wear glasses, contacts or protective eyewear?	Y___ N___
6. Ever passed out during or after exercise?	Y___ N___	16. Have an orthodontic appliance being brought	Y___ N___
7. Ever been dizzy during or after exercise?	Y___ N___	17. Have any skin problems? (Itching, rash, acne, etc.)	Y___ N___
8. Ever had chest pain during or after exercise?	Y___ N___	18. Have diabetes?	Y___ N___
9. Ever had seizures?	Y___ N___	19. Ever had an eating disorder?	Y___ N___
10. Have asthma?		20. Have emotional difficulties for which professional help was sought?	Y___ N___

Please explain any "yes" answers, noting the number of the questions.

_____

_____

_____

Use the space below to provide any additional information about the participant's behavior and physical, emotional, or mental health about which the camp should be aware.

_____

_____

_____

Explain any restrictions of participation in full camp program/activities:

_____

_____

_____

Name of participant's pediatrician or family doctor: _____

Office Phone_____ Address_____

Insurance Information

Insurance Company_____ Policy / Group # _____

Insurance Address_____

Name of Insured _____ Relationship to participant_____

PERMISSION FORM

1. Parent/Guardian Authorization: My son/daughter is in good health and can participate in the activities of the Richfield Recreation Center's Summer Day Camp.
2. Photographs/Video Release: I hereby permit Richfield Parks & Recreation and the Village of Richfield to publish photographs and or videotapes for the purpose of promoting programs, which include the above-named child.
3. Bug Repellent/Sunscreen Application: I hereby permit the Richfield Recreation Staff to apply bug repellent or sunscreen when it is packed with my child and only when all children receiving application are lined up next to each other and another staff member is present.
4. The Richfield Recreation Center reserves the right to dismiss any participant whose behavior is disruptive to the program. Disruptive behavior is described but not limited to conduct that prevents the execution of activities or endanger program participants or staff.
5. We have reviewed the rules and parent handbook and have shared the necessary rules with our child. I agree with and will abide by these rules and regulations implemented by the Richfield Recreation Summer Day Camp Staff for 2025. If I have any questions or concerns, I am encouraged to reach out to our Camp Coordinator, Camp Staff or Parks & Recreation Director for clarification.

I certify as the parent or guardian of the above-named child that together we have reviewed all regulations in 1, 2, 3, 4 and 5 pertaining to Richfield Recreation Center's Summer Day Camp and we understand that failure to abide by these regulations will result in immediate dismissal from the program without refund.

Child's name: _____
Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION OF CHILD PICK-UP

Person(s) authorized to pick up child from camp other than parent/guardians:

Name _____ Relationship _____ Phone # _____	Name _____ Relationship _____ Phone # _____
Name _____ Relationship _____ Phone # _____	Name _____ Relationship _____ Phone # _____

Permission to apply sunscreen and/or insect repellent

Name of child: _____

As the parent or legal guardian of the above-named child, I hereby give my permission that the certified Camp Counselor(s) at Richfield Day Camp may apply sunscreen as well as insect repellent to my child when needed. I understand that sunscreen may be applied to exposed skin, including the face, top of ears, nose, bare shoulders, arms and legs.

Additionally, I have checked and / or indicated below my directives regarding the type and application of the sunscreen.

____ The Camp Counselors may apply sunscreen to my child (if theirs is gone or forgotten).

____ The Camp Counselor may NOT apply sunscreen to my child.

Parent / Guardian full name (print)_____

Parent / Guardian Signature_____ Date _____

DAY CAMP WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in the Village of Richfield's Day Camp, the undersigned acknowledges, understands, and agrees that:

1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. 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; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Village of Richfield, and its officials, agents, and/or employees ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Name : _____

Participant Signature : _____

DATE SIGNED : _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian Name: _____

Parent/Guardian Signature_____

DATE SIGNED: _____

Emergency Phone Number: (_____) _____