



Volunteer Staff Medical Information

West or LaCygne

circle one

Name _____	Home # (____) _____ - _____
Address _____	Work # (____) _____ - _____
City _____	State _____ Zip _____

Name of hospitalization insurance company _____

Policy # _____ Policy holder's name _____

Family Doctor _____ Doctor's # (____) _____ - _____

Person to be notified in case of emergency _____

Relationship _____ Home # (____) _____ - _____ Work # (____) _____ - _____

Current medication(s) _____

Reason for taking medication(s) _____

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

List any dietary allergies _____

Do you have seizures? Yes No Date of last occurrence _____

List your past medical treatment if any _____

List any camp activity from which you should be exempted for health reasons _____

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

Immunization Record	Please list the dates of these vaccinations:	Last Tetnus Shot: / /
DPT (Diphtheria Pertussis Tetnus): / /	Hepatitis B: / /	Varicella (Chicken Pox): / /
MMR (Measles, Mumps, Rebella): / /	Polio: / /	HIB (Heamophilus Influenza Bacteria): / /

In consideration for being allowed to participate in Youthfront Camp West/Youthfront Camp LaCygne, 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 (hereinafter referred to jointly as Damage) arising from my attendance at the Camp, including any Damage arising from the provision of emergency medical treatment.

I have answered the above statements truthfully and completely.

Signature _____

Date _____

Covid-19 Health Screen and Informed Consent

You must bring this with you to check-in!

Camp Location: _____
Camp Session: _____
Check-in Date: _____
Cabin Assignment: _____ (recorded at check-in)



Dear Parent,

Due to the Covid-19 pandemic and the extra precautions reasonably necessary to reduce the possibility of viral load and spread, **the following form is required in paper form at check-in.** The process of ensuring safety of all students **begins at home seven days before camp begins.**

Camper Name: _____ Birthdate: _____ / _____ / _____

Prior to your child attending camp, we ask that they participate in a 7-day self-quarantine, meaning they limit their exposure to outside family members, avoid large crowds/gatherings, and limit unnecessary travel for one week before camp begins.

My child has completed this requirement.

For seven days prior to your child arriving at camp, record their temperature. We have provided spaces below. We recommend you check and record your child's temperature at the same time each day, preferably in the morning before physical activity. Record temperatures to the tenth decimal as shown in the example below.

Example:	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
<input type="text" value="98.6"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

My child has been fever-free (below 100.4F) for the past seven days. Temperature at Check-in: _____
(recorded at check-in)

COVID-19 SYMPTOMS. CHECK ANY THAT APPLY IN THE PAST SEVEN DAYS:

- | | |
|---|---|
| <input type="checkbox"/> Fever (above 100.4F) | <input type="checkbox"/> Change in Taste or Smell |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Intense Fatigue |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Generally not Feeling Well |
| <input type="checkbox"/> Body Aches | |

My child has been symptom free for the past seven days.

PRE-EXISTING CONDITIONS: CHECK ANY THAT APPLY:

- Cardiovascular Disease Chronic Respiratory Disease (including Asthma)
 Diabetes Immunodeficiency Disorders

Individuals with pre-existing conditions are at an increased risk of severe illness that could be life-threatening from Covid-19.

- I understand the increased risk of pre-existing illnesses.

CONTACT HISTORY: CHECK ANY THAT APPLY:

- My child has been diagnosed with Covid-19.
 My child has a close contact (such as family member) who had been in direct contact to someone infected with Covid-19 in the past fourteen days.
 My child or someone in the household is currently on a watch list for Covid-19.
 I verify that I have answered this question truthfully and that I/we are not knowingly putting others at an increased risk due to recent exposure.

INFORMED CONSENT TO ATTEND YOUTHFRONT CAMP:

I(We) _____, parent or guardian of _____, am completely and fully aware that my child will be attending an over-night camp and will be staying in a cabin with up to 15 youth and 2 adults. While in the “Cabin Family” there will be no attempt at social distancing. Masks will not be worn in the cabin, and although adjustments may be made to permitted behavior (ie, not allowing a wrestling match), it is understood that all people in the “Cabin Family” will be exposed to each other.

I also completely understand that my child will be attending an over-night camp with 250+ people and although the “Cabin Family” will be socially distanced from other “Cabin Families”, I completely understand that not every precaution may be totally effective and my child may be exposed to Covid-19. I am fully aware of the inherent risk to my child.

I will contact Youthfront immediately if my child shows symptoms or tests positive for Covid-19 within 10 days after camp ends. If my child is exposed to a known case of Covid-19 at camp, I will quarantine my child for 14 days or until the threat is over.

For myself and my child, in addition to any other indemnity or release, I hold harmless and release Youthfront, including its personnel, from liability for damage, illness, or death arising from Covid-19 or its complications caused by their fault, mistake, negligence, or omission. Should legal authority mandate a different approach, Youthfront reserves its right to make appropriate changes to its programs.

- In addition to the Medical Release which I signed digitally, I agree to the above Informed Consent and disclosures regarding Covid-19 for Summer 2020.

Parent/Guardian Signature

_____/_____/_____
Date