2017 Camping & Outdoor Leadership
Overnight Camp Health & Safety Packet

Camp Colman       Camp Orkila      Orkila Teen Expedition

Submission Instructions
Please choose one of the following options:

OPTION ONE: ELECTRONIC VERSION
1. Go to the Parent Corner section of camporkila.org or campcolman.org
2. Click on the “Health & Safety Packet” button
3. Follow instructions for completing packet and sign in ALL required places using an electronic signature
4. When packet is complete, a blue FINISH button will appear. You must hit FINISH for your packet to be submitted (if you are missing any required information, this button will not appear)

OPTION TWO: PAPER VERSION
1. Complete all 8 pages of this paper packet
2. Sign in the ALL required places
3. Return the completed, signed packet by mail, scan/email or in person to:
   YMCA Camping & Outdoor Leadership
   909 Fourth Avenue
   Seattle, WA 98104
   P: 206 382 5009

Completed Packets: supercamp@seattleymca.org
Questions: colmanorkilainfo@seattleymca.org

DUE APRIL 1, 2017
(OR UPON REGISTRATION IF REGISTERING AFTER APRIL 1)

Please keep a copy of the completed forms for your records. Any changes should be provided to the Camping & Outdoor Leadership staff BEFORE the participant’s session/course start date.

Basic Participant Information:

Participant Name: ___________________________________________________________
Camp Program(s) & Session(s): _______________________________________________
Session(s) Date(s): __________________________________________________________
Gender: ___________ Birthdate: ______________________ Grade Entering in Fall 2017: _____________
Cabinmate Requests (Optional, limit to 4 friends): ____________________________________
This form is to be completed and signed by parents/guardians of minors and information is gathered to assist us in identifying appropriate care for your participant. **Note: we do NOT require your participant to have a physical, or a doctor’s signature on any of these forms.**

**Parent / Guardian Information** (with whom the participant lives):

Parent/Guardian 1: ________________________________ Relationship: ________________________________
Home Phone: (____) __________________________ Work Phone: (____) __________________________ Cell/Pager: (____) __________________________
Mailing Address: __________________________________________________________________________
Best time to reach you? __________________________

Parent/Guardian 2 (Optional): ________________________________ Relationship: ________________________________
Home Phone: (____) __________________________ Work Phone: (____) __________________________ Cell/Pager: (____) __________________________
Best time to reach you? __________________________

Will you be reachable at the above numbers while your child is at camp? ☐ YES ☐ NO
If no, please give an alternate way of reaching you: ______________________________________________________________________________________________

**Emergency Contact** (if we are unable to reach a Parent/Guardian listed above, who can we call in case of emergency?):
Name: ________________________________ Relationship: ________________________________ Phone: ________________________________

**Insurance Information** (It is highly recommended to provide a copy of your insurance card):

It is the responsibility of each participant’s parent or legal guardian to provide the participant’s own accident and health coverage while participating in YMCA camp and outdoor activities. The YMCA of Greater Seattle does not provide any accident or health coverage for its participants.

Is the participant covered by family medical/hospital insurance? ☐ YES ☐ NO
If yes, indicate carrier/plan name (please print clearly): __________________________________________
Carrier address: ______________________________________________________________________________________________
Name of insured: ________________________________ Relationship to participant: ________________________________
Insurance ID #: ________________________________ Group #: ________________________________
Name of family physician: ________________________________ Phone: ________________________________
Name of family dentist: ________________________________ Phone: ________________________________

**Parent/Legal Guardian Authorization.** This health history is correct so far as I know, and my child has permission to engage in all prescribed camp activities as noted by me and/or the examining physician. I hereby give permission to the medical personnel selected by the camp director/program staff to order X-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the camp director/program staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp/on an expedition.

Parent / Guardian Signature ____________________________ Date ________________
Participant Name: ______________________________

Over-the-Counter Medications:

I give my permission for camp health care staff to dispense to my participant the following over-the-counter medications if needed:

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Keep meds in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of dispensation. Prescription medications must be in the participant’s name. No loose pills/vitamins in zip lock bags allowed. Do not pack meds in luggage. Bring meds with you to the check-in table when you arrive. Be sure to bring enough medication to last the entire time at camp. Attach additional paperwork for additional medication.

Medications:

☐ YES, this participant takes medication on a regular/routine basis.

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Keep meds in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of dispensation. Prescription medications must be in the participant’s name. No loose pills/vitamins in zip lock bags allowed. Do not pack meds in luggage. Bring meds with you to the check-in table when you arrive. Be sure to bring enough medication to last the entire time at camp. Attach additional paperwork for additional medication.

Please list all medications taken and specify if it is for a life-threatening condition. Please print clearly.

(Please circle time of day medication should be taken: B=Breakfast, L=Lunch, D=Dinner, BT=Bedtime, PRN=As Needed)

Med #1: ____________________________ Dosage: ________________ Specific times taken: B L D BT PRN
Condition for which prescribed/taken: ________________________________________________________________

Med #2: ____________________________ Dosage: ________________ Specific times taken: B L D BT PRN
Condition for which prescribed/taken: ________________________________________________________________

Med #3: ____________________________ Dosage: ________________ Specific times taken: B L D BT PRN
Condition for which prescribed/taken: ________________________________________________________________

a. Are there any side effects from these medications? __________________________________________________

b. Does the participant know the scheduled time for taking medication? ☐ Yes ☐ No

c. Does the participant willingly take their medication? ☐ Yes ☐ No If no, what do you suggest? ____________

________________________

________________________

d. Has the participant ever refused to take medication? ☐ Yes ☐ No If yes, what were the effects of this? ________

________________________

________________________

e. Please identify any medications taken during the school year that the participant does/may not take during the summer:

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Medical Devices:

☐ YES, this participant requires an inhaler, nebulizer or other medical device(s) and will bring it/them to camp.
(Please remember that camp is a rustic, outdoor experience. Pack all medical equipment accordingly.)

☐ Will check it/them in with other medications. ☐ Must personally carry it/them at all times.

☐ YES, this participant carries an epi-pen(s). Condition for which prescribed/taken: ____________________________

☐ Will check it/them in with other medications. ☐ Must personally carry it/them at all times.
# Health History:

<table>
<thead>
<tr>
<th>Has/does the participant:</th>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Had any recent injury, illness, infectious disease?</td>
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<td>2. Have a chronic or recurring illness/condition?</td>
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<td>3. Ever been hospitalized?</td>
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<td>4. Ever had surgery?</td>
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<td>5. Have frequent headaches?</td>
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<td>6. Ever had a head injury?</td>
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<td>7. Ever been knocked unconscious?</td>
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<td>8. Wear glasses, contacts, or protective eye wear?</td>
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<td>9. Ever had frequent ear infections?</td>
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<td>10. Ever passed out during or after exercise?</td>
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<td>11. Ever been dizzy during or after exercise?</td>
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<td>12. Ever had seizures?</td>
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<tr>
<td>13. Ever had chest pain during or after exercise?</td>
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</table>

Females:

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<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
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<tbody>
<tr>
<td>27. Has she menstruated?</td>
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<tr>
<td>27a. If not, has she been told about it?</td>
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<td>27b. If yes, is her menstrual history normal?</td>
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</tbody>
</table>

Please explain any “yes” answers, noting the number of the question.

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# Behavioral History:

<table>
<thead>
<tr>
<th>The participant is currently dealing/has dealt with the following:</th>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ADHD? Severe Moderate</td>
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<tr>
<td>2. Bipolar Disorder?</td>
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<td>3. Depression? Severe Moderate</td>
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<td>4. Obsessive/compulsive behavior?</td>
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<td>5. Aggression towards others?</td>
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<tr>
<td>6. Aggression towards self?</td>
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<td>7. Reactive attachments? Physical Emotional Sexual</td>
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<td>8. Anxiety disorders?</td>
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<td>9. Conduct disorders?</td>
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<tr>
<td>10. Abuse issues?</td>
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<td>11. Running away?</td>
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<td>12. Eating disorders? Anorexia Bulimia Overeating</td>
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</tbody>
</table>

Please explain any “yes” answers, noting the number of the question.

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# Counseling:

Has participant been in counseling with a psychiatrist, psychologist, therapist or other counselor within the past two years?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</table>

Is the participant currently in counseling?

<table>
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<tr>
<th>YES</th>
<th>NO</th>
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Reason for counseling:

Academic Family issues Depression Substance abuse Suicide Anxiety ADHD Other

If currently in counseling, please make arrangements with counselor for release of information should it become necessary for us to contact him/her. Release of information arranged?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</table>

Name of counselor: __________________________ Phone: (______) __________________________
Immunization Dates:

Accurate immunization dates are highly recommended. To obtain a copy of your immunization records, contact your health care provider. Please list only the most current immunization dates:

<table>
<thead>
<tr>
<th>Vaccinations</th>
<th>Date</th>
<th>Vaccinations</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Meningococcal vaccine</td>
<td></td>
<td>DTaP</td>
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<td>HPV</td>
<td></td>
<td>Tdap</td>
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<tr>
<td>Polio (IPV/OPV)</td>
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<td>Td</td>
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<tr>
<td>MMR</td>
<td></td>
<td>DT</td>
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<tr>
<td>Influenza</td>
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<td>DTP</td>
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<tr>
<td>Varicella (chicken pox)</td>
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<td>TB Mantoux</td>
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<tr>
<td>Hep A</td>
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<td>Hep B</td>
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</table>

[☑] Participant has a medical or religious exemption from immunizations.

Allergies / Dietary Restrictions:

Please list any allergies to Medications, Food, and Others – include insect stings, hay fever, asthma, animal dander, etc.

Describe reaction and management of reaction: ________________________________________________________________

Dietary restrictions?

[☐] Glucose intolerant* [☐] Lactose intolerant* [☐] Gluten intolerant* [☐] Vegan* [☐] Vegetarian [☐] Pork-free

*Camp does not provide a substitute diet for these restrictions, but offers a vegetarian option and soy milk for every meal. If you wish to provide a supplemental diet for your vegan, lactose, gluten or glucose intolerant camper, please contact the Food Services Director at each camp:

**Camp Orkila:** Kim Klein-Toombs  360 376 2678 x132

**Camp Colman:** Connie Fechner  253 884 3844 x109

Additional Considerations:

Depending on your child’s needs, additional information or meeting with a YMCA Director may be required prior to your child’s attendance to ensure your child can best be accommodated. Failure to share information that identifies your child’s special care, accommodations, or supervision need may jeopardize the placement of or continued participation by your child in the program. Please attach additional pages if necessary. **Please write “none” if there are none.**

How does your child deal with stress? What do they need?

________________________________________________________________________________________________________________________________________________________________

Tell us about their emotional strengths & challenges.

________________________________________________________________________________________________________________________________________________________________

Are there special family or personal considerations which may affect their experience?

________________________________________________________________________________________________________________________________________________________________

Has your child been dealing with any issues during the past school year?

________________________________________________________________________________________________________________________________________________________________

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary)

________________________________________________________________________________________________________________________________________________________________
Please read this Acknowledgment of Risks and sign below. I understand that if the Acknowledgement of Risks and Camp Policies
and Waiver and Release of Liability forms are altered, my child will not be accepted into camp. If you have any questions or would like any
portions explained to you in greater detail, please contact the Camping & Outdoor Leadership Office at 206-382-5009. Camp Orkila and
Camp Colman take pride in their efforts to provide a safe and supervised program, but summer camp by nature is not without risk. The
elements that make summer camp a unique experience, such as being out of doors, near and around water, traveling by ferry, van, bus and
powerboat, can cause loss or damage to equipment, injury, illness and even death. We do not want to diminish your enthusiasm for the
experience; we want all participants to know in advance what to expect and what some of the potential risks are by participating in the camp
program. The following describes some, but not all, of the risks:

- Accidents or mishaps while traveling to or from camp on coaches or school buses and Washington State Ferries
- Slips and falls during activities at camp and on expeditions may take place during tag games, running games, Frisbee throwing, sports,
  backpacking, and running on slopes and paths with bumps, sharp sticks and exposed roots. Falls may also take place from bikes which
  may produce injury or death.
- Participants may be out of doors for prolonged periods of time, including overnight trips, in conditions such as sun, wind and prolonged
  periods of rain. While out of doors participants may also be exposed to a variety of natural life including, but not limited to, marine life
  such as crabs, sea urchins, and jelly fish, plant life such as stinging nettles, flying insects such as yellow jackets, wasps, and mosquitoes,
  other animals such as snakes, raccoons, and deer, and, at Camp Orkila, farm animals such as horses, pigs, chickens and goats.
- Water activities are an integral part of the camp experience, and include swimming and diving in a pool (at Camp Orkila), in an inlet (at
  Camp Colman) and in the Puget Sound. Boating activities include kayaking, canoeing, row boating, sailing, or traveling by powerboat. All
  activities have the danger of bodily harm, hypothermia and drowning.
- Participants will be responsible for helping with meal preparations and may be around outdoor cooking stoves, flammable materials, sharp
  knives and open fire.
- Participants may have the opportunity to utilize challenge activities, including, but not limited to, the low and high ropes courses, the
  climbing wall, rock climbing, zip line and the Giant Swing. These activities involve lifting, passing people, spotting technique, climbing
  trees, and wearing harnesses and helmets. Participants always have a safety line when climbing elements are ten (10) feet off the ground.
- Participants may also have the opportunity to participate in activities with a higher than normal element of risk due to the characteristics
  of the activity and uncontrollable nature of surrounding elements. In addition to activities listed above, these activities include, but are
  not limited to, archery and at Camp Orkila, skateboarding, BMX racing, mountain biking and racing, horseback riding, and riflery.

Potential consequences of the activities include, but are not limited to, broken bones, muscle tears, sprains, joint problems, or other
orthopedic injuries, disabling head or spinal injuries, eye injuries, heart attacks, strokes, and other cardiovascular problems, heat exhaustion
or heat stroke, allergic reactions, cuts, infections, burns, homesickness, serious illness, dehydration, mental anguish, hypothermia, drowning or
other means of death.

Risks may include equipment malfunction or loss of control, collision of obstacles, variation of terrain, or unexpected actions by horses or
other people. I understand that participants may act in a negligent manner that can contribute to injury to themselves or others, such as
failing to maintain control, not acting within his or her abilities or not following the rules.

I acknowledge that Camp Orkila, Camp Colman, the YMCA of Greater Seattle, or its representatives are not responsible in any way for personal
clothing, items or equipment that may be lost, stolen, or damaged as a result of my participation in camp activities.

We, parent and participant / guardian, understand that it is the responsibility of each participant to participate in the whole program including
activities of work, play, values, sharing and living together. We understand and support policies prohibiting participants from possessing
or using tobacco products, alcoholic beverages, non prescription drugs, fireworks, knives and weapons of any kind. We recognize that
participants must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful to oneself or
others. Failure to adhere to camp policies will be cause for participant’s dismissal from camp without refund of camp fees. We acknowledge
that we will be responsible for pick-up and transportation of our participant if dismissed from camp early.

In consideration for my child being permitted to participate in camp activities, I have read or have had read to me the risks of
activities at YMCA Camp Orkila and Camp Colman. I voluntarily accept the risks involved and agree to abide by the camp policies.

Parent / Guardian Printed Name

Parent / Guardian Signature Date
I have read the Acknowledgement of Risks statement and I have reviewed the Camp Policies with my child. I am aware that my child will have the opportunity to participate in, and I approve of his/her participation in, camp activities involving a degree of risk.

I understand it is my responsibility to provide for my child’s accident and health coverage while participating in any YMCA activity. The YMCA does not provide any accident or health coverage for its participants.

I give permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may identify or include the image or voice of me or my child to promote or interpret YMCA programs for any business purpose, including media coverage. I waive all claims for any compensation for such use.

I understand that YMCA staff will encourage my child to set his/her own touching and personal space limits. I understand that staff in YMCA resident camp programs are mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I understand that my child will not be released from the camp site unless the signature on the health form matches the signature of the person picking up the child or matches the signature giving written permission for a different person to pick up the child.

I understand that should a person arrive to pick up the child and appear to be under the influence of drugs or alcohol that the child will not be released until another person who is not under the influence of drugs or alcohol arrives to pick up the child. If no person is located, staff may have no recourse but to contact the police.
Transportation Arrangements:

Authorized Pick-Up Procedures
I give my permission for the YMCA to release my child to any of the people listed below. I also understand that I, or the authorized person, must present the participant claim check given to me on check-in day before he/she can be released from the bus, camp or ferry. If no claim check is presented, I, or the authorized pick-up person listed below, will present a photo ID to a YMCA staff member in order to obtain a replacement claim check.

1. Parent/Guardian _______________________________________________________________________________________________
2. Parent/Guardian _______________________________________________________________________________________________
3. Pick-Up Person #3 ____________________________________________________________________________________________
4. Pick-Up Person #4 ____________________________________________________________________________________________

AT LEAST TWO NAMES REQUIRED!

Camp Colman Transportation

There is a $35 fee for bus transportation. This flat fee covers transportation for the entire bus trip. Please include payment with your invoice or registration.

First Day Check-In
Date of Check-In: ____________________________

☐ Tyee Educational Complex (Bus)
☐ Camp Colman by own transportation

Return Day Pick-Up
Date of Pick-up: ____________________________

☐ Tyee Educational Complex (Bus)
☐ Camp Colman by own transportation

Important! Participants attending consecutive sessions at Camp Colman must return home between sessions.

Camp Orkila Transportation

There is a $50 fee for bus transportation to or from Seattle. This flat fee covers transportation for the entire bus trip. There is a $10 fee for campers checking in at Anacortes and walking onto the ferry. Please include payment with your invoice or registration.

If you have special circumstances that require alternate plans for arrival to and/or departure from camp, or are traveling by boat, seaplane, or flight through Eastsound Airport, your plans must be pre-arranged directly with Camping & Outdoor Leadership. Please contact Jen Hitt at jhitt@seattleymca.org or 206-382-5009 for any special arrangements.

First Day Check-In
Date of Check-in: ____________________________

☐ Meridian Park Elementary (Bus)
☐ Anacortes Ferry Landing
☐ Camp Orkila by own transportation

Return Day Pick-Up
Date of pick-up: ____________________________

☐ Meridian Park Elementary (Bus)
☐ Anacortes Ferry Landing
☐ Camp Orkila by own transportation

Important! Participants attending consecutive sessions 4 and 5 only at Camp Orkila must return home between sessions.