



Welcome to the 58th Annual Hayward La Honda Music Camp!!

Mandatory Paperwork

Camp paperwork is due on Registration Day. Please print, complete and bring with you to Camp Registration and Camper Drop-off.

Mandatory paperwork for camp includes:

1. **Camper Health History Form:** a multi-page form where we ask you to tell us about your camper's allergies, medications, or any other issues we need to know about to take care of your child. **Note: This form requires a "well-child" signature certifying that your Camper is healthy and illness-free 72 hours prior to Camp.**
2. **Prescription Medication Form for Campers Form:** All medication, both prescription and over-the-counter, must be in its **original packaging**. Prescriptions must be accompanied by physician written orders. Orders must include the camper's full name, dosage amount, delivery times, and any limitations or restrictions. YMCA Jones Gulch and Hayward La Honda Music Camp does not allow Campers to be in possession of medication regardless if this medication is prescribed by a doctor or purchased over-the-counter. Hayward La Honda Music Camp has a Registered Nurse on-site full-time throughout Camp session to distribute medication and ensure your Camper takes as prescribed.
3. **OTC Form:** Over the Counter medication permission form. Provides Camp Nurse permission to provide your Camper access to Over-the-Counter medication (i.e. ibuprofen, throat lozenges, allergy medication, topical first aid).
4. **Insurance Information Form*:** please copy your insurance information, usually a card, front and back and attach it to this form.
5. **YMCA Jones Gulch Liability Waiver:** just add Camper name(s), sign and date.

**If your family does not currently have health insurance coverage, please let us know, we have an alternative form that must be submitted.*

These forms were attached to your Welcome registration confirmation email as file attachments. They are also available on our website at www.lahondamusiccamp.org.

If you have any questions, please email us at lahondamusiccamp@gmail.com or contact us at (510) 537-4871



CAMPER HEALTH HISTORY FORM

Camper Name: _____

First

Middle

Last

Birth Date: _____
Month/Day/Year

Ever been hospitalized?	Yes <input type="radio"/> No <input type="radio"/>	Had fainting or dizziness?	Yes <input type="radio"/> No <input type="radio"/>
Ever had surgery?	Yes <input type="radio"/> No <input type="radio"/>	Passed out/had chest pain during exercise?	Yes <input type="radio"/> No <input type="radio"/>
Have recurrent/chronic illnesses?	Yes <input type="radio"/> No <input type="radio"/>	Had mononucleosis ("mono") during the past 12 months?	Yes <input type="radio"/> No <input type="radio"/>
Had a recent infectious disease?	Yes <input type="radio"/> No <input type="radio"/>	If female, have problems with periods/menstruation?	Yes <input type="radio"/> No <input type="radio"/>
Had a recent injury?	Yes <input type="radio"/> No <input type="radio"/>	Have problems with falling asleep/sleepwalking?	Yes <input type="radio"/> No <input type="radio"/>
Had asthma/wheezing/shortness of breath?	Yes <input type="radio"/> No <input type="radio"/>	Ever had back/joint problems?	Yes <input type="radio"/> No <input type="radio"/>
Have diabetes?	Yes <input type="radio"/> No <input type="radio"/>	Have a history of bedwetting?	Yes <input type="radio"/> No <input type="radio"/>
Had seizures?	Yes <input type="radio"/> No <input type="radio"/>	Have problems with diarrhea/constipation?	Yes <input type="radio"/> No <input type="radio"/>
Had headaches?	Yes <input type="radio"/> No <input type="radio"/>	Have any skin problems?	Yes <input type="radio"/> No <input type="radio"/>
Wear glasses, contacts, or protective eyewear?	Yes <input type="radio"/> No <input type="radio"/>	Traveled outside the country in the past 9 months?	Yes <input type="radio"/> No <input type="radio"/>

Please explain "Yes" answers in the space below noting the number of the question. Include any orthopedic devices (ie crutches, braces, etc) that will be brought to camp. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

To best care for your camper please answer the following questions thoroughly, has the camper: Yes No

Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No

Ever been treated for emotional or behavioral difficulties or an eating disorder? Yes No

During the past 12 months, seen a professional to address mental/emotional health concerns? Yes No

Had a significant life event that continues to affect the camper's life? Yes No

(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

Allergies: Yes No

No Known Allergies

To foods? Yes No List: _____

To medications: Yes No List: _____

To the environment (insect stings, hay fever, etc.– Yes No List: _____
list):

Other allergies? Yes No List & Describe previous reactions: _____

The camper is undergoing treatment at this time for the following conditions: (describe below)

Diet, Nutrition: Eats a regular diet.
Has a medically prescribed meal plan or dietary restrictions:(describe below)

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes



Prescription Medication Form for Campers

Camper Name: Last _____ First _____

Junior camper ___ Senior Camper ___ Cabin _____

I, (parent/guardian) _____, the parent or guardian of the above listed camper, hereby, request that the Hayward La Honda Music Camp Registered Nurse administer the following prescription/s to my child. Medication is generally administered at breakfast, dinner, and before bed. Please make sure you have left enough medication for the entire camp (8 days, 7 nights: Saturday – Saturday). Indicate which time applies and note if another specific time is necessary.

Please give a description and symptoms of the condition that requires the child to take medication.

Possible adverse reactions which staff should be aware of include

How is your child's attitude about taking medication (e.g. cooperative, resistant, embarrassed, etc.)?

Other special instructions:

****Medications must be in their original containers, labeled, and match the camper's name!****
****Prescriptions must be for the camper only, not anyone else.****

Signature of Parent/Guardian

_____/_____/_____
Date Signed

******DO NOT MAIL******

Bring this form with medication to the camp nurse during check in. Medication Dosage Daily/As Needed Time of Day Special
Notes

- 1.
- 2.
- 3.
- 4.

////////////////////////////////////DO NOT WRITE BELOW LINE //////////////////////////////////////

Med Date Time Dose Medic
Med Date Time Dose Medic
Med Date Time Dose Medic



Hayward/La Honda Music Camp

Parent/Guardian Consent Form: Over the Counter Medications (OTC)

Camper's name: _____ Circle Junior Camp/Senior Camp

As indicated on your camper's on-line registration form, the Camp Registered Nurse has the authority to dispense general over the counter (OTC) medication as needed by your Camper. For your information, below is a list of OTC medication that may be administered if your Camper requires it. Please review the information below, sign and date the form, and present the consent form when you register your camper on the first day of camp.

Ointments for minor wound care, first aid as directed (anti-itch, anti-sting)

Tylenol/ Acetaminophen Ibuprofen Advil Aleve

Throat lozenges and/or spray for sore throat

Medication for nausea or upset stomach Roloids or Tums for reflux, heartburn, or indigestion as indicated

Benadryl for swelling, hives, and allergic reaction as indicated

Medication for cough, allergy or nasal congestion relief

Visine or other eye drop for minor eye irritation

Medicated lip ointment for dry, chapped lips, lip blisters or canker sores as indicated

Hydrocortisone ointment as directed for mild skin irritations, poison ivy, and insect bites

Robitussin or other cough syrup as directed Calamine, caladryl or equivalent

Sunscreen Bug repellent Other (list any other approved OTC medication):

The use of generic equivalents may be used when available for the name brand OTC medications listed above.

Any condition associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed up by a consultation with the camper's parents or guardian.

I authorize the administration of OTC medication to my child as indicated above.

Parent/Guardian Signature: _____ Date: _____

Phone number where you can be reached CELL _____ Wk _____



Medical Insurance ID Card Form

Please Complete:

Participant Name: _____

Phone Number: _____

E-mail Address: _____

Choose One:

_____ Camper

_____ Music Camp Staff

_____ Director

_____ Family of Staff/Director

Front of Card:

Back of Card:

YMCA OF SAN FRANCISCO RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

FORM A

Required for all Programs and Services at YMCA Camp Jones Gulch

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the YMCA of San Francisco, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in YMCA of San Francisco activities in future YMCA promotional purposes, without additional release or authorization.

5. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSATAND THIS RELEASE.

Adult Participant

Signature of Adult Participant

Print Name of Adult Participant

Date ____ / ____ / ____

- OR -

Youth/Family Participant(s)

Signature of Parent/Guardian

Print Name of Parent/Guardian

Date ____ / ____ / ____

Print Name(s) of Child(ren) in Program:



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**