

School Representative Health Form

TO BE FILLED OUT ONLY IF YOU WANT TO BE A CHAPERONE

(Teachers, Administrators, Chaperones and Parents)

School: Eisenhower **Lead Teachers:** Hagy/White

Last name _____ **First Name** _____

Phone number: (home) _____ (Work) _____ (Cell) _____

Home Address: _____

Family Physician: _____ Phone: _____

In an emergency contact:

Name: _____ Phone: _____

Health History: (please check all that apply and explain):

<input type="checkbox"/> Asthma	<input type="checkbox"/> glasses/contact lenses	<input type="checkbox"/> Heart disease/defect
<input type="checkbox"/> Diabetes	<input type="checkbox"/> eating disorders	<input type="checkbox"/> Nose bleeds
<input type="checkbox"/> Hypertension	<input type="checkbox"/> respiratory disorder	<input type="checkbox"/> ear infections
<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> sleep walking	<input type="checkbox"/> Chicken pox
<input type="checkbox"/> Headaches	<input type="checkbox"/> bedwetting	<input type="checkbox"/> Other

Comments: _____

Any Known Allergies (Food or Drug): _____

Diet Restrictions: _____

Date of Last Tetanus Shot: _____

Please indicate all prescribed and over the counter medications currently taking:

Medication	Dosage	Time	Comments

I am familiar with the program and the general nature of activities planned during the trip to The Frost Valley YMCA, and to the best of my knowledge the above information is correct and I am capable of participating in all facility activities.

Signature _____ **Date** _____

Chaperone waiver of liability

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person 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 program 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 to me, but my heirs, administrators, executors, successors and assigns.

Signature: _____ **Date:** _____

Chaperone Model and Statement Release

Periodically, Frost Valley YMCA uses photos and statements made by participants in the Frost Valley YMCA programs for newsletters, fund raising efforts, brochures and articles about Frost Valley YMCA. All photos and statements are used with reasonable judgment for purposes directly relating to the operations of Frost Valley YMCA. This signed form gives Frost Valley YMCA permission by the signer to utilize participant photos or statements for the purposes mentioned above.

Signature: _____ **Date:** _____