

PLEASE RETURN TO Richfield Town Hall: 4410 W. Streetsboro Road Richfield, OH 44286  
2 WEEKS PRIOR TO THE START OF YOUR CAMP

## VOLUNTEER HEALTH HISTORY FORM

### Richfield Recreation Summer Day Camp 2021

Camp Sessions your child is volunteering: (Please Check Box)

- Week 1: June 21-25       Week 5: July 26-30  
 Week 2: June 28-July 2       Week 6: August 2-6  
 Week 3: July 12-16       Week 7: August 9-13  
 Week 4: July 19-23

Mail this form to the address below prior to the beginning of the session

Richfield Town Hall  
4410 W. Streetsboro Road  
Richfield, OH 44286

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age at Camp \_\_\_\_\_  
LAST FIRST MIDDLE MM/DD/YYYY

Home Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

Parent/Child Email: \_\_\_\_\_ Gender: Male Female

Custodial Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

Business Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

Second Parent/Guardian or Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

Business Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

If not available in an emergency, notify \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE

Hospital of Choice: \_\_\_\_\_

#### **Insurance Information**

Is the participant covered by family medical/hospital insurance? Yes No

Of so, indicate the carrier on plan name: \_\_\_\_\_ Group #: \_\_\_\_\_

Carrier Address: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

**IMPORTANT – This box must be completed for attendance\***

Parent/Guardian Authorization: The health history is correct and complete as far as I know, for the person herein described has permission to engage in all camp activities except as noted.

Signature of parent/guardian or adult staff member \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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**ALLERGIES** (List all known)

Describe reaction and management of reaction

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Describe reaction and management of reaction

Medication Allergies:

_____	_____
_____	_____

Food Allergies:

_____	_____
_____	_____

Other Allergies: (include insect stings, asthma, animal dander, etc.)

_____	_____
_____	_____

**MEDICATIONS BEING TAKEN**

Please list all medications (including over the counter or non-prescription drugs) being taken routinely. Bring enough medication to last the entire time at camp that will and can be administered by the child. Keep it in the original package/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration because we will have the medication (s in a safe place until they need to be administered.

<input type="checkbox"/> This person takes medication as follows.	or	<input type="checkbox"/> This person takes NO medication on a routine basis.
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Med #1: _____ Dosage: _____
Specified times take each day: _____
Reason for taking _____
Med #2: _____ Dosage: _____
Specified times take each day: _____
Reason for taking: _____

**RESTRICTIONS** (what can they not have and what can they not do)

Food Restrictions (List): \_\_\_\_\_

Physical Activity Restrictions (List): \_\_\_\_\_

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**GENERAL QUESTIONS**

Has/does the participant:

		Yes No				Yes No	
1.	Had a recent injury, illness, or infectious disease?			16.	Ever had back problems?		
2.	Have a chronic or recurring illness/condition?			17.	Have an orthodontic appliance being brought to camp?		
3.	Ever been hospitalized?			18.	Have skin problems?		
4.	Ever had surgery?			19.	Have diabetes?		
5.	Have frequent headaches?			20.	Have asthma or other breathing disorders?		
6.	Ever had a head injury?			21.	Had mononucleosis in the past 12 months?		
7.	Ever been knocked unconscious?			22.	Had problems with diarrhea / constipation?		
8.	Wears glasses, contacts, or protective eyewear?			23.	Ever had an eating disorder?		
9.	Ever had frequent ear infections or have ear tubes?			24.	Does the participant have Epilepsy?		
10.	Ever passed out during or after exercise?			25.	Females: Does participant have a menstrual history?		
11.	Ever been dizzy during or after exercise?			26.	Ever been treated for ADD, ADHD, or Asperger's Syndrome?		
12.	Ever had seizures?			27.	Ever had problems with joints?		
13.	Ever had chest pain during or after exercise?			28.	Ever had emotional difficulties for which professional help was sought?		
14.	Ever had high blood pressure?			29.	Has the participant had a routine physical examination in the past 12 months?		
15.	Ever been diagnosed with a heart murmur?						

Please explain any "yes" answers, noting the question number: \_\_\_\_\_

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

**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 the Richfield 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. 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 endangers program participants or staff.
4. We have reviewed the rules and parent/volunteer handbook and have discussed the necessary rules. I agree with and will abide by these rules and regulations implemented for volunteers by the Richfield Recreation Summer Day Camp Staff for 2018.

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

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_