



Touchstone Energy[®] Camp

June 9-12, 2010

Student Health Form



South Central Indiana REMC
Paula Sasse
300 Morton Ave.
Martinsville, IN 46151
paulas@sciremc.com 800-264-7362 or 765-342-3344

Form should be returned to the cooperative by March 19, 2010

Applicants must currently be in the 6th grade to attend camp this summer. Please print neatly or type.

Name: _____ DOB: ___ / ___ / ___ Age: _____ Male Female
Last First

Shirt size (adult): XS S M L XL Parents/Guardians: _____

Home phone: () _____ Mom's cell: () _____ Dad's cell: () _____

Home address: _____ IN
Street address City State Zip

Parent's employer: _____ Phone: () _____ Who is at this number? _____

Work address: _____ IN
Street address City State Zip

IF YOU ARE NOT AVAILABLE IN AN EMERGENCY, please notify the following person(s):

Emergency contact #1: _____ Phone #: () _____

Home address: _____ IN
Street address City State Zip

Emergency contact #2: _____ Phone #: () _____

Home address: _____ IN
Street address City State Zip

Health History: (To be completed by parent)

- _____ Asthma
- _____ Bleeding/clotting disorder
- _____ Chicken pox
- _____ Convulsions
- _____ Diabetes
- _____ Epilepsy (onset)/seizures (last occurrence)
- _____ Frequent ear infections

- _____ Heart defect/disease
- _____ Measles/German measles
- _____ Mononucleosis
- _____ Rheumatic fever
- _____ Strep throat
- _____ Tonsillitis

- Allergies:**
- _____ Foods
 - _____ Hay fever
 - _____ Insect stings
 - _____ Penicillin
 - _____ Poison Ivy, etc.
 - _____ Other drugs

Other diseases or details above: _____

Current medications (list name of medication, dosage and time schedule): _____

All Medications must be in **correctly labeled original container** and given to the nurse at check-in time.

NO MEDICATION WILL BE ALLOWED IN THE CABIN UNLESS AUTHORIZED BY THE NURSE.

I authorize the camp nurse to administer acetaminophen or ibuprofen and other over-the-counter medicines as needed.

Parent/guardian initial: _____

List any over the counter medicines you do not want administered: _____

DO NOT STAPLE

Tetanus vaccine is up-to-date: Yes No Date of vaccine: _____

Immunizations are up-to-date: Yes No If No, reason: _____

Operations and/or serious injuries (include dates): _____

Chronic and/or recurring illness and/or **Special Needs:** _____

Special considerations or suggestions: _____

Name of dentist/orthodontist: _____ Phone: (____) _____

Name of family physician: _____ Phone: (____) _____

Important: Please notify the camp if this camper is exposed to any communicable disease during the three weeks prior to camp attendance or if camper has been seen by a physician for any reason during this period.

Do you have family medical/hospital insurance? Yes No If yes, policy holder: _____

Carrier: _____ Policy/Group #: _____

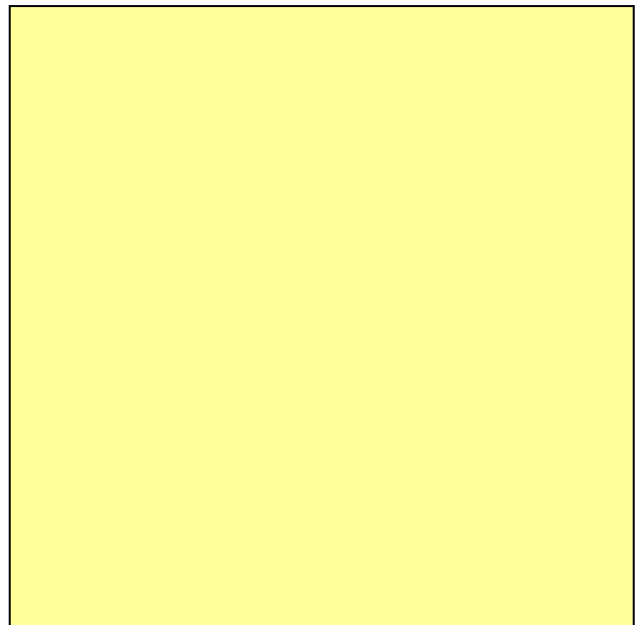
Employer through which insurance is obtained: _____

I certify that in case of accident or illness, representatives of Touchtone Energy Camp have my authority to secure medical attention if they are unable to communicate with me immediately. I understand there is some inherent risk in camp activities and accidents sometimes occur. I understand that the camp fee does not include accident insurance. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

Parent's/Guardian's signature

Date

Attach a current photo of your child here (photo size should not be larger than box at the right): →



**Please return this
form by
March 19, 2010**

CAMP TECUMSEH Trail Ride Waiver Form

Dear Parent or Legal Guardian:

If you wish for your child to participate in a trail ride(s) during his/her stay at Camp Tecumseh please fill out this release form.

Although we have had very few accidents, our insurance company does require a signed wavier for those riding our horses. Should you have any questions on this matter please call Camp Tecumseh at **(765) 564-2898** and ask for Amie Gleason, Equestrian Director or Jada Ives, Equestrian Program Specialist. You can also speak with Kyle Linback, Group and Conference Director.



(Cut here and keep information above for your records.)

To Whom It May Concern:

My child _____ has permission to ride the horses at Camp Tecumseh during his/her stay there.

By signing this release, I am not only giving my permission, but also saying that my child is aware of Camp Tecumseh's Trail Ride Rules and I have told him/her to comply with them. I also have read and understand the Indiana law stated below. I recognize that horses are unpredictable and agree not to hold Camp Tecumseh, its staff, or agents responsible in case of an accident.

I understand that upon mounting and taking up the reins, my child, the rider, is in primary control of the horse that he/she is riding and that Camp Tecumseh is not responsible for the results of my child's actions or inactions. I realize that my child's cooperation is needed for his/her own safety as well as the safety of others on the trail ride.

Trail Ride Rules

1. No one is allowed inside fence until instructed.
2. All riders must wear helmets.
3. Children must stay with adults responsible for them at the fence.
4. Never walk behind a horse.
5. 300 pound weight limit on all horses.
6. Keep horses ½ to 1 horse length apart.
7. Do not pass other horses on trail.
8. Do not take horses off the trail.
9. Trail ride is a walking trail ride – **NO TROTTING.**
10. Children must be 7 years or older to ride by themselves.
11. If a child is under 7 years of age the horse must be led by an adult.

Persons not complying with the above rules will not be allowed to continue riding.

Warning: Under Indiana law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

Parent/guardian signature

Date

Printed name

YMCA Camp Tecumseh, Inc. 12635 West Tecumseh Bend Road Brookston, IN 47923 (765) 564-2898