Camper Name ____ **EASTERSEALS TN 2021/2022 ADULT HEALTH INFORMATION FORM AND WAIVER**

Nature of Disability Please select all that apply.

▢ Asthma ▢ Attention Deficit Disorder / ADHD ▢ Autism ▢ Behavior Disorder ▢ Bleeding/Clotting ▢ Disorder
▢ Cerebral Palsy ▢ Cystic Fibrosis ▢ Diabetes ▢ Developmental Disorder ▢ Down Syndrome
▢ Epilepsy/Seizure Disorder ▢ Fragile X ▢ Hearing Impaired ▢ Heart, Circulatory, Respiratory Defect ▢Spina Bifida
▢ Learning Disability ▢ Speech Language/Voice Dysfunction ▢ TBI ▢ Social/Psychological
▢ Intellectual Disability ▢ Spinal Cord Injury ▢ Visual impairment ▢ Partial ▢ Other
▢ Mild ▢ Moderate ▢ Severe ▢ Quadriplegic ▢ Paraplegic ▢ Other ▢ Other ______________________________________

Behaviors Please select all that apply.

▢ PICA ▢ Biting
▢ Elopement ▢ Screaming/Crying
▢ Targeted Aggression ▢ RAD

Physician's Name: ____ **Physician's Office Phone Number**: __________________

Dentist's Name: ____ **Dentist's Office Phone Number**: ____________________

Health Insurance Company: ________________ **Name Insured**: ____________________________________ **Policy Number**: __________________

Health History

Date of the Last Health Exam ______________
Has your camper ever experienced any of the following health events? Please check all that apply.
(In the "Date" space, please provide the date of last occurrence when answering yes to each health event)

Asthma	▢No ▢Yes Date________	**Heart Disease**	▢No ▢Yes Date_________	**Behavior Problems**	▢No ▢Yes Date________
Hay Fever	▢No ▢Yes Date________	**Clotting Disorder**	▢No ▢Yes Date_________	**ADD/ADHD**	▢No ▢Yes Date________
Poison Ivy Allergy	▢No ▢Yes Date________	**Seizures***	▢No ▢Yes Date_________	**Speech Problems**	▢No ▢Yes Date________
Insect Sting Allergy	▢No ▢Yes Date________	**Bedwetting**	▢No ▢Yes Date_________	**Hearing Problems**	▢No ▢Yes Date________
Frequent Ear Infections	▢No ▢Yes Date________	**Fears/Phobias**	▢No ▢Yes Date________	**Vision Problems**	▢No ▢Yes Date________
Frequent Headaches	▢No ▢Yes Date________	**Sleepwalking**	▢No ▢Yes Date________	**Hepatitis A**	▢No ▢Yes Date________
Frequent Sore Throats	▢No ▢Yes Date________	**Head Lice**	▢No ▢Yes Date________	**Hepatitis B**	▢No ▢Yes Date________
Mononucleosis	▢No ▢Yes Date_______	**Chicken Pox**	▢No ▢Yes Date________	**Other**______________________	Date________

Summarize camper's medical history/operations/serious Injuries____
____
Type of Seizures: ___________________________ **Frequency**: ____
Describe any warning signs(aura) before seizures. ____
Does the camper have a shunt? ▢Yes ▢ No **If yes, list special instructions/limitation.**____
Does the camper menstruate? ▢Yes ▢No **If yes, is there any special treatment for cramps ?** ______________________________________

Has the camper ever required any psychiatric treatment/counseling or hospitalizations? ▢Yes ▢No
If yes, please summarize (including dates).____

Medical Exam Summary-The Physician's Medical Examination Summary must be received by Easterseals Tennessee Camp 30 days prior to the first day the seasonal weekend/camp camper will be attending. Missing this deadline will result in the camper's reservation being voided and filled by another camper.

Medication- In an effort to better serve our campers we require all campers to bring pre-packaged medications. This means all medications; vitamins and supplements brought to camp are prepared in a multi-dose blister pack or daily medicine cassette for the duration of their stay. It is preferred that this is done in a "blister pack" by a pharmacist.

CAMPER NAME__________________________________ **EASTERSEALS ADULT HEALTH WAIVER 2021/2022**

The following section must be signed by the adult camper/applicant/legal guardian of the adult camper before the application can be processed:

(1) Approval, Waiver and Activity Consent - This application has my approval. While Easterseals Tennessee and YMCA Camp Widjiwagan will take every reasonable precaution, it is agreed that Easterseals Tennessee and YMCA Camp Widjiwagan are not legally responsible for any accidents, incidents or injuries that may occur during the camp session, assumes no responsibility for applicant's personal property and are released from liability for any accident, incident or injury except as may be covered by camper's insurance. Applicant has my permission to engage in all camp activities, including transportation as deemed necessary, except as noted by myself or physician.

(2) Medical Treatment - The undersigned hereby authorizes and grants permission to any licensed/certified medical professional designated by Easterseals Tennessee and YMCA Camp Widjiwagan to provide routine medical care and administer medications or to perform any emergency procedures on the camper that would be jeopardized by any delay in providing such treatment or performing such procedures.

(3) Media Release - I, the undersigned, in partial recognition of services rendered and benefits conferred by Easterseals Tennessee and YMCA Camp Widjiwagan, its employees, agents and assigns, to release any pictures, or photographs taken of the above-named client for publication for purposes of conveying information concerning the named individual and/or Easterseals Tennessee or YMCA Camp Widjiwagan. The undersigned hereby agrees to hold Easterseals Tennessee and YMCA Camp Widjiwagan harmless of liability should such pictures or photographs, either accompanied or unaccompanied by printed material, appear in other publication by whomsoever published, circulated or distributed.

I understand that this authorization for media release is subject to revocation at any time, except to the extent that the media has been utilized.

I also understand and agree that this release will terminate only upon the execution of my written statement on another sheet of paper indicating my intent to revoke this authorization.

I ATTEST THAT ALL INFORMATION PROVIDED IN THESE APPLICATION MATERIALS INCLUDING THE APPLICATION, MEDICAL EXAMINATION SUMMARY AND ANY SUPPLEMENTAL ITEMS ATTACHED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Legal Guardian/Adult Camper (signature): ____ **Date:** _______________

Print Name: ____