



Child's Last Name

First

Session(s) Dates

# Saginaw YMCA Camp Timbers Medication Form

## Prescription Medications

List all over-the-counter, non-prescription and prescription drugs taken regularly by the camper. Bring enough medication to last the entire time at camp. Keep all medication in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

**On check-in day, medications will not be administered until after 4:00pm**

The Camper takes NO medications on a routine basis.

This Camper takes medications as follows:

Med #1: \_\_\_\_\_ Dosage: \_\_\_\_\_ Daily Schedule: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_

Med #2: \_\_\_\_\_ Dosage: \_\_\_\_\_ Daily Schedule: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_

Med #3: \_\_\_\_\_ Dosage: \_\_\_\_\_ Daily Schedule: \_\_\_\_\_  
Reason for taking: \_\_\_\_\_

**If further explanation is needed, include details on an index card with camper name.**

Has the Camper had any recent illness, injury or infectious disease?

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## Non-Prescription

Below please list all non-prescription medications your child may or may not be administered during his/her stay at Camp Timbers.

The Health Officer MAY administer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Health Officer MAY NOT administer:

\_\_\_\_\_  
\_\_\_\_\_

## OPTIONAL

Please call me any time it seems necessary to administer over-the-counter medications I have indicated on this form.

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

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

**\*\*\*\*\*Put all medications into a Ziploc bag labeled with the Camper's name and take to Camp check-in.\*\*\*\*\***



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First \_\_\_\_\_

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## Saginaw YMCA Camp Timbers Insurance and Horse Release Form

### Insurance Information

Is the camper covered by family medical/hospital insurance? [ ] Y [ ] N

If yes, indicate carrier or plan name: \_\_\_\_\_

Group #: \_\_\_\_\_

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

Name of Insured: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_

**MUST provide copy of insurance card (front and back)**

### Authorization for Audio / Visual Records

As the Parent / Guardian of \_\_\_\_\_,  
I understand that the YMCA may make certain reasonable recordings of this camping event.  
I hereby authorize the YMCA to have and use reasonable photographs, slides, moving pictures, and audio / video tapes of my child for purposes of legitimate YMCA records, public relations, and / or advertising.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Mountain Bike Release

I understand that there may be some degree of risk involved in my child's participation in mountain biking. With this understanding, I give permission for my child to participate in a mountain bike ride or riding program.

Initials \_\_\_\_\_

### **HORSEBACK RIDING RELEASE**

Being a licensed provider of horse riding programs, we are required by the State of Michigan to give the following notice known as the Equine Liability Act:

Under the Michigan equine liability act, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

### **WARNING**

I understand that there may be some degree of risk involved in my child's participation in horseback riding. With this understanding, I give permission for my child \_\_\_\_\_ to participate in a horseback riding program.

On behalf of myself and my child and in consideration of the Saginaw YMCA providing, and permitting my child to participate in, the Camp Timber's horseback riding and/or mountain bike program, I agree to defend, indemnify and hold harmless the Saginaw YMCA, its officers, employees, agents and other representatives from and for any and all losses, costs, damages, expense, claims, or legal actions, including those resulting from any act or omission of the Saginaw YMCA, which arise out of or are in any way related to any personal injury to me or my child as a direct or indirect result of my child's participation in the Camp Timber's horseback riding program and/or mountain biking program.

I further agree to release the Saginaw YMCA, its officers, employees, agents and other representatives of and from any and all losses, costs, damages, expense, claims or other liability for personal injury to me or my child arising out of or in any way related to my child's participation in the Camp Timber's horseback riding program and/or mountain biking program.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

**Cost for additional horseback trail rides - \$15 per ride -- limited to 2 rides per week.  
Horseback Specialty Program - \$125 plus camp fees -- 18 available spots per week.**