

# Ukrainian Youth Association

## Werchowyna Medical Form



### CAMPER INFORMATION (IN ENGLISH)

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Age \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_  
 Sex \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_  
 Province/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_  
 Country \_\_\_\_\_

### EMERGENCY USE

Mother's First Name \_\_\_\_\_ Mother's Last Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell or Emergency Phone \_\_\_\_\_  
 Place of work \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Father's First Name \_\_\_\_\_ Father's Last Name \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell or Emergency Phone \_\_\_\_\_  
 Place of work \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Parent's e-mail \_\_\_\_\_

### MEDICAL INFORMATION

Medicare Number: \_\_\_\_\_  
 Pediatrician's Name and phone number: \_\_\_\_\_  
 Please check if the child has had the following: German Measles Chicken Pox Mumps  
 Any previous serious illnesses or operations? Yes No Please Specify: \_\_\_\_\_  
 Any known allergies? Yes No Please Specify: \_\_\_\_\_  
 Is the child taking any medication? Yes No Please Specify: \_\_\_\_\_  
 Does the child have any physical or special needs limitations which may prevent him/her from participating in any camp activity?  
 Yes No Please Specify: \_\_\_\_\_  
 Any additional information? \_\_\_\_\_

### PHYSICIAN CERTIFICATION OF GOOD HEALTH

I have examined the above camp applicant on (mm/dd/yyyy) \_\_\_\_\_ and feel that he/she is healthy and able to participate in an active camp program. This child has all immunization vaccines up to date.

Office Phone Number: \_\_\_\_\_

Physician's signature and stamp \_\_\_\_\_

### CONDITIONS

The signature of the parent or guardian shall give the Ukrainian Youth Association (hereinafter called "UYA") and its Directors, Officers, helpers and assigns the right to arrange for any special services or other requirements necessary, in the best interest of your child and shall give the UYA the right to obtain or approve medical attention necessary to your child's welfare and good health and the parent or guardian hereby agrees to pay for all such services as may be required as indicated above.

While every precaution shall be taken to ensure the good welfare and protection of your child, the UYA, its Directors, Officers, staff Members, Employees, Volunteers or facilities used by the UYA to deliver programs, are hereby released from all and any liability, in the event of any accident or misfortune that may occur to your child.

Parent/Legal Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Signature of Parent/Legal Gaurdian: \_\_\_\_\_  
 Date (mm/dd/yyyy) \_\_\_\_\_