



# School Age Services Child Information Form

## 2025 Summer Camp

ID: \_\_\_\_\_ Start date: \_\_\_\_\_ School: \_\_\_\_\_

Registration must be completed before filling out this form. Visit [athensmcmminnymca.org](http://athensmcmminnymca.org) to register

### CHILD INFORMATION (Please complete one form per child.)

Child's name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade in Fall 2025: \_\_\_\_\_

Summer site (if applicable): \_\_\_\_\_

Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

YMCA facility member:  Yes  No

### PARENT/GUARDIAN INFORMATION (All lines are to be completed. Please note if guardian is someone other than mother/father.)

If parents are divorced, who is custodial parent: \_\_\_\_\_

If there are special circumstances involving visitation and pick-up rights, you must provide the site director with legal documentation for these arrangements.

**Mother/Guardian name:** \_\_\_\_\_

Primary phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

**Father/Guardian name:** \_\_\_\_\_

Primary phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Email: \_\_\_\_\_

### EMERGENCY CONTACT (This is to be someone OTHER than the legal guardians.)

In case of emergency, after attempting the above phone number(s) the Athens-McMinn Family YMCA staff will contact the following additional name(s) of responsible person(s) who you authorized to act on behalf of the parent in the event of any emergency.

**Emergency contact name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Employer: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

### PICK-UP AUTHORIZATION

Other than those listed above, who may pick up your child: (Must be 18 years of age or older.)

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

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

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

## CHILD MEDICAL INFORMATION

When did your child last see a doctor (List month, date, year): \_\_\_\_\_

Immunization records are on file at (List full school name): \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Hospital of choice: \_\_\_\_\_

Health insurance provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance ID: \_\_\_\_\_ Group #: \_\_\_\_\_

### HEALTH HISTORY

Does your child have any allergies or medical conditions that should be considered?

Yes  No If yes, please specify: \_\_\_\_\_

Are there any special instructions from you or the child's doctor as to treatment at the childcare site?

Yes  No If yes, please specify: \_\_\_\_\_

Does your child require additional assistance? (If your child has an IEP, please attach a copy for review.)

Yes  No If yes, please specify: \_\_\_\_\_

**PLEASE INDICATE ANY OF THE FOLLOWING: This is not applicable to my child (parent initial):** \_\_\_\_\_

- Medical condition/diagnosis: \_\_\_\_\_
- Chronic illness: \_\_\_\_\_
- History of serious injury/hospitalizations: \_\_\_\_\_
- Special dietary needs: \_\_\_\_\_
- Physical restrictions: \_\_\_\_\_

### HISTORY OF ILLNESSES (Please check)

**This is not applicable to my child (parent initial):** \_\_\_\_\_

- |   |   |
|---|---|
| <input type="radio"/> Allergies or reaction to medicine, DPT or insects | <input type="radio"/> Hemophiliac (free bleeder)                    |
| <input type="radio"/> Problems with skin rash                           | <input type="radio"/> Frequent Headaches                            |
| <input type="radio"/> Reaction (bumpy or swollen) to TB Skin Test       | <input type="radio"/> Head Injury                                   |
| <input type="radio"/> Trouble with eyes or sight                        | <input type="radio"/> Ever been knocked unconscious                 |
| <input type="radio"/> Wears glasses, contact or protective eye wear     | <input type="radio"/> Fainting spells                               |
| <input type="radio"/> Speech or hearing problems                        | <input type="radio"/> Ever passed out during or after exercise      |
| <input type="radio"/> Urinary tract infections (bladder or kidney)      | <input type="radio"/> Ever been dizzy during or after exercise      |
| <input type="radio"/> Frequent ear infections / tubes in ears           | <input type="radio"/> Seizures / convulsions                        |
| <input type="radio"/> Diabetes  | <input type="radio"/> Asthma / breathing problems                   |
| <input type="radio"/> Abdominal (stomach) pain                          | <input type="radio"/> Lung disease / shortness of breath            |
| <input type="radio"/> Problems with diarrhea / constipation             | <input type="radio"/> Heart disease / heart murmur                  |
| <input type="radio"/> History of bed wetting                            | <input type="radio"/> Frequent colds / upper respiratory infections |
| <input type="radio"/> Eating disorder                                   | <input type="radio"/> Frequent sore throat                          |

# CHILD MEDICAL INFORMATION (Continued)

**PLEASE INDICATE ANY MEDICATIONS TAKEN ROUTINELY:**

This is not applicable to my child (parent initial): \_\_\_\_\_

Medication: \_\_\_\_\_ Taken for: \_\_\_\_\_

Medication: \_\_\_\_\_ Taken for: \_\_\_\_\_

Medication: \_\_\_\_\_ Taken for: \_\_\_\_\_

**PLEASE INDICATE ANY KNOWN ALLERGIES:**

This is not applicable to my child (parent initial): \_\_\_\_\_

Allergies: \_\_\_\_\_

## PARENT/GUARDIAN PERMISSION & POLICY ACKNOWLEDGEMENTS

The YMCA is a non-discriminating organization, and we welcome all participants regardless of race, sex, origin or special needs conditions.

**PLEASE INITIAL IN DESIGNATED SPACES**

As the parent or guardian of the participant whose name appears above:

1. \_\_\_\_\_ I hereby give my child permission to participate in all YMCA activities, including field trips and transportation services where applicable. I will be notified of all field trips in writing in advance.
2. \_\_\_\_\_ I grant permission for photographs/videos, which include my child to be used in media releases.
3. \_\_\_\_\_ I understand the YMCA maintains insurance coverage in accordance with DHS guidelines. This policy is secondary to a parent's insurance. I understand that in the event the YMCA's insurance policy denies a claim, the parent/guardian is responsible for full payment of medical care.
4. \_\_\_\_\_ In case of an accident or illness, I authorize the YMCA to secure emergency medical treatment for my child. I understand that the YMCA will attempt to contact me as promptly as possible during such an emergency. I hereby give my permission to the medical personnel selected by the YMCA to order X-rays, routine tests and treatment, and to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to secure and administer treatment, including hospitalization of my child. I understand the related expenses for this medical attention will be my responsibility.
5. \_\_\_\_\_ I understand that all children enrolled in the program are expected to follow the rules established by the staff and children, for the purpose of safety and smooth operation of the program. If a discipline problem occurs, I will be contacted by the Site Director or Program Director. The discipline procedures that will be followed are: 1) verbal warning 2) redirection 3) Site Directors notified / meeting with child and caregiver 4) parents notified. Suspension from our program for one to five days can occur if the following inappropriate behavior is used: 1) harming another child or staff person 2) stealing 3) damaging or destroying property 4) using foul language 5) Being totally disruptive and/or uncontrollable in a group setting.
6. \_\_\_\_\_ I understand my child or I may be asked to complete survey information regarding the program/classes for evaluation purposes, and I agree to participate and have my child participate in such. I also consent to the release of my child's academic information including grades, student conduct, attendance records and standardized test scores for evaluation purposes.
7. \_\_\_\_\_ I give my child's school board/district permission to share school data for my child with the YMCA. I give the YMCA permission to use my child's school data to align their program's academic support to better meet my child's needs.
8. \_\_\_\_\_ I understand that the trial period for all enrollees is two weeks at the beginning of each program session (After School Care and Summer Adventure). I understand this trial period is detailed in the parent handbook.
9. \_\_\_\_\_ I have completed a pre-placement visit to the school/program location.
10. \_\_\_\_\_ I acknowledge and accept the risks associated with viruses and bacteria in general, and COVID-19 in particular, acknowledge the YMCA's enhanced precautions with its programming and cleaning protocols, and waive any and all claims related to or based on harm caused by any such viruses or bacteria.

**This form completes my child's enrollment in the YMCA program listed above. I understand I must return this form to my site director before my child's first day. I understand I must update this information as needed. I have received and read the YMCA Parent Manual.**

**CHILD MEDICAL INFORMATION (Continued)**

Parent signature:

Date: