YMCA Day Camp Christmas Tree 2018 Emergency & Health Information Form

Please fill out completely and return to:

YMCA Customer Service Center • 651 Nicollet Mall, Suite 500, Minneapolis, MN 55402 • P 612 230 9622 • F 612 223 6322

Please use one form per child and print neatly. Use full legal names for all parties.

Child's First Name _____ MI _____ Last Name _____ Birthdate _____ Gender: ☐ F ☐ M

Child's Nickname _____ Grade in Fall 2018 _____ Age ____ This is my _____ year in YMCA Summer Programs.

Friends you would like to be grouped with: (To ensure positive group dynamics, please limit two friends per request who are within the same age group.)

_____

Child resides with ☐ Mother ☐ Father ☐ Both ☐ Other _____

#1 Parent/Guardian's First Name _____ Middle Initial _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian's Birthdate _____ Gender: ☐ F ☐ M Cell Phone (____)_____ E-mail _____

Parent/Guardian's Home Phone (____)_____ Work Phone (____)_____

#2 Parent/Guardian's First Name _____ Middle Initial ____ Last Name _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian's Birthdate _____ Gender: ☐ F ☐ M Cell Phone (____)_____ E-mail _____

Parent/Guardian's Home Phone (____)_____ Work Phone (____)_____

Race/Ethnic Background (optional):

☐ Black or African American ☐ White ☐ Hispanic or Latino ☐ American Indian/Alaskan Native ☐ Asian or other Pacific Islander ☐ Other _____

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

The following people should be contacted in case of emergency, only if parent(s) or guardian cannot be reached AND are authorized to pick up the child:

1. Name _____

   Relationship to child _____

   Phone: Cell (___)_____ Home/Work (___)_____

2. Name _____

   Relationship to child _____

   Phone: Cell (___)_____ Home/Work (___)_____

Do you carry family medical/hospital insurance? ☐ Yes ☐ No

Carrier _____

Policy/Group #_____

Family Doctor _____

Phone (____) _____

Family Dentist _____

Phone (____)_____

Month, date and year of most recent immunizations: **Information required including specific dates. Or attach Immunization Record.**

DTP	_____	MMR	_____	Tetanus	_____
Polio	_____	HIB	_____	VAR	_____
Hep B	_____	Hep A	_____	PCV	_____

☐ Or Conscientious Objector

Parent/Guardian Signature _____

Is the child taking any medications? ☐ Yes ☐ No

If yes, what kind and why: _____

If medication needs to be administered during the program, a Medication Permission Form must be completed. Call the YMCA for this form, or pick it up at your site.

Has child had any of the following? If so, please explain:

☐ Allergies _____

☐ Dietary restriction/s _____

☐ Special Need/s _____

Status of child's vision, hearing, and speech _____

Does your child have a communicable disease or condition which may prove to be a risk to others? ☐ Yes ☐ No

If yes, please comment: _____

Description of any camp activities from which the camper should be exempted for health reasons: _____

_____

Describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at YMCA programs: _____

_____

_____

Record of Past Medical Treatment. Chronic Concerns: Check all that pertain to this camper/participant and provide information about supportive health care. Please check parent handbook for restrictions on staff administration of medication.

☐ Asthma ☐ Convulsions/Epilepsy

☐ Diabetes ☐ Hypertension

☐ Frequent Ear Infections ☐ Surgeries

☐ Bleeding/Clotting Disorder ☐ Heart Defect/Disease ☐ Other: _____

_____

Provide information about health care need for each item checked :

_____

_____

_____

If special accommodations are required, contact the YMCA Customer Service Center at 612-230-9622 to be directed to appropriate staff.