



Child's Last Name

First

Session(s) Dates

Health History and Physical Form – 2016–2017

Important—Information below MUST be completed for attendance*

I hereby give permission to the medical personnel selected by the Youth Director to provide routine health care; to administer medications; to order x-rays; routine tests; treatment; 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 physicians selected by the Youth Director to secure and administer treatment, including hospitalization, for the person named above. YMCA of Saginaw will make every attempt to notify you before making a doctor's appointment or an emergency room visit for your child while they are in our care. All minor medical needs will be cared for by the on-site Health Director without notification of parents.

Parent/Guardian Signature: _____ Date: _____

Emergency Contact Information

Primary Contact Name _____ Phone _____

Address _____ City _____ St _____ Zip _____

Work Phone _____ Cell Phone _____

Secondary Contact Name _____ Phone _____

Address _____ City _____ St _____ Zip _____

Work Phone _____ Cell Phone _____

If neither is available in an emergency, notify:

Name _____ Relation _____

Phone _____ Work Phone _____ Cell Phone _____

Health History (Check if applicable. Include date of most recent occurrence.)

- Chicken Pox Ear Infections Migraines Dizziness
- Measles Rheumatic Fever Nosebleeds Seizures
- Convulsions German Measles Braces
- Mumps Diabetes Heart Murmur
- Asthma Behavior Contact Lenses
- Mononucleosis Surgeries Eating disorders

Other Health concerns or details of any of the above: _____

ATTENTION

- Health History form **MUST** be accompanied by:
- 1) Copy of insurance card (front and back)
 - 2) Copy of Immunization record



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Saginaw YMCA 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.

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 YMCA of Saginaw's Day Camp.

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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Saginaw YMCA Afterschool Program Parent Agreement Form – 2016

The YMCA Professional Staff sincerely believe that our YMCA Afterschool program is a team effort. You the parents and us the staff need to work together to provide a caring, safe environment where each child is nurtured and challenged to develop and grow as a whole person.

This necessitates that parents understand and support the following expectations and policies:

- Participants must be enrolled in the Afterschool Program in order to attend the Afterschool Program
- Registration must be made by deadline (absolutely no late registration)
- Children may not arrive before 4 PM each day
- Children must be picked up by 6 PM each day
- Payment must be made in full at the time of registration.
 - If you are registering several weeks in advance, ask about scheduling payments electronically.
- I understand service may be discontinued for any of the following reasons:
 - Failure to pay fees when due
 - Extreme behavior problems on the part of the child
 - Lack of cooperation regarding policies and procedures

I have read the Parent Manual and have reviewed these expectations and policies:

Signature of Parent or Guardian

Date

(This form must be signed for child to come to our Afterschool Program)



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Saginaw YMCA Afterschool Program Parent Release Authorization Form

I hereby give Saginaw YMCA Afterschool Program permission to release my child to the following persons:

Name (Please Print legibly)	Relation
_____	_____
_____	_____
_____	_____
_____	_____

Please list spouse, name of car pool driver, or any person who may pick up your child at the end of the camp session. With your signature you acknowledge those who may release the YMCA of custodial responsibility of your child.

Signature of Parent or Guardian

Date

AT the YMCA Afterschool Program

Anyone who picks up your child **MUST have a photo ID** and the name **MUST correspond with the name provided** on the left. If either stipulation is not met, your child will not be released without a phone call to you at this number:

()
Please provide a number where you can be reached

Releasee's Signature Out/In
time date

Releasee's Signature Out/In
time date

Releasee's Signature Out/In
time date

Releasee's Signature Out/In
time date



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Saginaw YMCA Afterschool Program Youth History and Confidential Form – 2016

Please answer ALL questions as completely as possible keeping in mind that the information you share will be used in strict confidence. Youth history and confidential information is shared only with those staff who will be working directly with your child. The information you provide will be used to help ensure the best possible camping experience for your youth. This completed form is retained by the YMCA of Saginaw along with the Afterschool Program Registration Form, Health History and Examination Form, all health records, employment records, etc.

Name Child prefers to be called _____

Age _____ Birth date _____ Gender M / F

Mother's Name _____ phone # _____

Father's Name _____ phone # _____

Guardian's Name _____ phone # _____

Parents are: [] Together [] Separated [] Divorced [] Deceased
Child lives with: [] Both parents [] Mother [] Father [] Other

Siblings Y / N _____ How many? _____ Ages: _____

Have any significant events occurred in your family lately? _____

Does your child have medical problems? Y / N _____

Describe any health conditions (allergies, asthmatic, etc.): _____

Describe any dietary restrictions/problems: _____

Has child had professional counseling Y / N _____

Therapist's recommendations for program adjustment _____

Do you have anything to discuss with Youth Director prior to the program? _____



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How many friends does your child normally associate with? [] None [] Few [] Many

Are these friends mostly: [] Younger [] Same age [] Older

Does your child make friends easily? [] Yes [] No

Is your child in his/her appropriate grade (based on age)? [] Yes [] No

Does your child enjoy school? [] Yes [] No

Favorite subject(s): _____

List hobbies and interests (including clubs / organization)? _____

Who encouraged your child to come to the Afterschool Program? _____

Has your child ever been to YMCA Afterschool Program? [] Yes [] No If yes, how many years? _____

Your child is looking forward to camp with:

[] Enthusiasm [] Acceptance [] Caution [] Anxiety

Ever separated from parents? [] Yes [] No Longest Period? _____

Problems with homesickness? [] Yes [] No [] Some

Does your child have any fears? _____

What would you as a parent / guardian like to see you child gain from the afterschool experience? _____

Parent / Guardian Signature

Date