



YMCA of Columbia-Willamette CHILD CARE DIVISION HEALTH FORM

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD

Child's name _____ YMCA program site _____

PERMISSION IS GIVEN TO THE YMCA FOR THE FOLLOWING:

CHECK EACH ITEM INDICATING APPROVAL

- In an emergency, the YMCA has my permission to call an ambulance or transport my child to any available physician or hospital and obtain medical/surgery treatment at my expense.
- In an emergency, the YMCA has my permission to obtain medical treatment for my child:
 - With the following restrictions** _____
 - There are no restrictions**
- I do not wish my child to receive any medical treatment.
- My child may be given medication. I understand the Medical Authorization Form must be completed prior to administering.
- My child may participate in YMCA field trips. I understand that school bus, van, or public transportation may be used.
- My child may participate in swimming or other water activities.
- My child may be photographed for publicity or news purposes.
- I give YMCA staff permission to talk with School personnel in regards to issues relating to my child.

HEALTH INFORMATION

Has your child had chicken pox? yes no Date of last tetanus _____ Date last seen by physician _____
 Does your child have any allergies? Please list: _____
 Special medical condition/restrictions to be aware of _____

EMERGENCY MEDICAL INFORMATION

Child's physician _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Child's dentist _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Preferred Hospital _____ Phone _____
 Health Insurance Company _____ Group Number _____
 Individual's name on insurance policy _____

GENERAL INFORMATION

PREVIOUS CHILD CARE

Type of care: _____ How long: _____
 Please give any information concerning your child which will help us provide better care _____

OTHER CHILDREN IN HOUSEHOLD

Name _____	Age _____	Male _____	Female _____
Name _____	Age _____	Male _____	Female _____
Name _____	Age _____	Male _____	Female _____

AUTHORIZATION

This is to certify that the information listed on both the Confirmation & Agreement and Health Forms has been completed to the best of my knowledge and that my child is in good health and free of disabilities that would endanger him/her or other children. I have received a copy of the Parent Handbook and agree to abide by all policies as noted. In addition, I hereby, for myself, my child(ren)/dependent(s), my heirs, executors, and administrators, waive and release any and all rights and claims for damages I have against the YMCA of Columbia-Willamette and/or their respective agents, representatives, successors, and/or assigned for any and all injuries which may be suffered with my child(ren)'s involvement in the YMCA of Columbia-Willamette.

Parent/Guardian Signature _____ Date _____

Print Parent's Name _____ Day Phone _____

