



LAST NAME _____

YMCA DAY CAMP HEALTH & PERMISSION FORM

Child's Name _____ Nickname _____

Address _____ City _____ Zip _____

Home Phone () _____ Birthdate ____/____/____ Age _____ Grade entering this fall: _____

Mother's or Guardian's Name _____ Home Phone () _____

Home Address (if different) (Street, City, State, Zip) _____

Employed by _____ Hours of Employment: From _____ To _____

Business Phone () _____ Pager or Cell Phone () _____

Mother's Email Address _____ Father's Email Address _____

Father's or Guardian's Name _____ Home Phone () _____

Home Address (if different) (Street, City, State, Zip) _____

Employed by _____ Hours of Employment: From _____ To _____

Business Phone () _____ Pager or Cell Phone () _____

Marital Status of Parents (please circle one) Married Not Married

If not married who has custody of your child? _____

In the case of an emergency, either parent may be contacted unless custodial documentation on file states otherwise.

PLEASE MARK ALL YMCA LOCATIONS WHERE YOUR CHILD IS ATTENDING THIS SUMMER

_____ CMT-Maryville _____ Downtown Belleville _____ East Belleville _____ Monroe County
_____ O'Fallon _____ Outdoor Center _____ Cahokia _____ Red Bud

HEALTH HISTORY

Please indicate in the appropriate area if your child had or has any of the following:

Diseases	Medical	Allergies	Adaptive Equipment
_____ Kidney Trouble	_____ Ear Infection	_____ Hay Fever	_____ Glasses
_____ Heart Trouble	_____ Rheumatic Fever	_____ Poison Ivy	_____ Hearing Aid
_____ Diabetes	_____ Seizures	_____ Insect Stings	_____ Wheelchair
	_____ Physical Disability	_____ Penicillin	_____ Communication Device
		_____ Food	_____ Other _____
		_____ Other	

Please describe any reaction your child may have to the above listed allergies:

Please list any medications presently being taken by your child:
(A Medication Authorization form will need to be completed if a medication is needed to be given during the camp)

Please describe any chronic or recurring medical conditions:

Please tell us anything else we should know to help us provide the best care for your child:

IMMUNIZATIONS & DATES

_____ DPT _____ Booster _____ Tetanus Booster _____ Polio OPV
_____ Typhoid _____ Measles Vaccine _____ Other

Name of Family Physician _____ Phone _____
Insurance Company _____ Policy # _____

**IN THE EVENT OF AN EMERGENCY, EVERY EFFORT IS MADE TO CONTACT THE PARENTS.
YOUR CHILD WILL BE TAKEN TO THE CLOSEST HOSPITAL.**

YMCA CAMP HEALTH REPORT

PARENT AUTHORIZATION

I/We verify to the best of my/our knowledge that everything on this health form is correct and the child herein is in good health. He/She has no physical ailments that will prevent normal participation unless specified on this form. He/She has my/our permission to participate in YMCA Camp. I/We recognize failure to disclose could result in termination of services. I/We also understand that it is my child's responsibility to bring and apply their own sunscreen. Please make sure there is no allergy to the sunscreen whereas it is considered a medication. I/We understand that in the event of an emergency, my/our child will be taken to the closest hospital. I/We accept responsibility for the charges incurred from medical or surgical treatment.

Parent/Guardian Signatures _____

Date _____
Date _____

YMCA CAMP PERMISSION FORM

Contact in case of emergency (other than parents):

	Relationship	HM#	WK#/CELL
1			
2			
3			

Authorized persons to pick up:

You will be required to sign your child in/out every day. For your child's safety, we require a list of persons (other than the parents) who are allowed to pick up your child. **ALL PERSONS MUST SHOW A PHOTO ID UPON REQUEST.**

	Phone
1	
2	
3	
4	

Photo Release:

I authorize the YMCA to take and use photographs, slides or videotapes of my child as may be needed for its records and/or public relations, promotions, website, and publications.

Signature _____

Date _____

Trip and Special Event Permission:

I agree that my child may take part in any special activity or trip with the YMCA. It is my understanding that advance notice will be given and that all activities and trips will be properly supervised.

Signature _____

Date _____

Parent/Guardian Agreement:

Please read carefully and sign below:

I understand:

- * I am financially responsible for day camp program services.
- * The balance of camp fees must be paid the TUESDAY before a session begins.
- * Cancellation of any camp reservation will forfeit my deposit. Any remaining balance will be credited toward future YMCA participation.
- * If I must cancel a reserved place in camp, I will notify the Camp Registrar office so that my slot may be offered to another camper.
- * All payments are non-refundable.
- * The YMCA schedules staff & orders supplies based on registrations. Therefore, no refunds will be issued. If I must cancel a camp registration any paid balance can be transferred and credited to another week of camp or future YMCA participation.
- * When my child is ill, it is understood and agreed that he/she may not be accepted into camp.
- * My child will not be released to any person(s) not listed on the Camp Permission Form.
- * My child will not be released to any person(s) who seems under the influence of drugs or alcohol.
- * My child must be signed in & out daily by myself or my designee (as listed on the Permission Form).
- * If my child is experiencing problems in the program, a conference will be arranged between the parent, staff, and Program Director.
- * The YMCA reserves the right to terminate services if it is determined that the placement is unsatisfactory.
- * The YMCA reserves the right to terminate services based on inappropriate behavior of parents and/or guardians.
- * The YMCA provides a recreational environment for children/teens with and without disabilities while maintaining appropriate staff to child ratios.
- * All information provided at the time of registration/enrollment is complete and accurate.
- * I have received, read, and agree to abide by all policies, procedures and fee requirements as outlined in the parent handbook.

Parent/Guardian Signatures

Name _____ Date _____

Name _____ Date _____