



# 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 Medication 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.
- When needed, the YMCA has my permission to help administer sunscreen. Sun protection is required under state licensing unless a doctor's note is provided. I understand that I need to provide sunscreen labeled with my child's name.

**HEALTH INFORMATION**

HAS YOUR CHILD HAD CHICKEN POX? <input type="checkbox"/> YES <input type="checkbox"/> 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	AGE <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME	AGE <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME	AGE <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
NAME	AGE <input type="checkbox"/> MALE <input type="checkbox"/> 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 \_\_\_\_\_

**\*FOR OFFICE USE ONLY**

Form reviewed and information updated	Parent/Guardian Signature	Date
---------------------------------------	---------------------------	------