

Northfield Area YMCA Emergency & Health Information Form

Please fill out completely and return to: **Northfield Area Family YMCA • 519 Division Street • Northfield, MN 55057**
507-645-0088 • Fax 507-645-8188 Max of two children per form. PLEASE PRINT NEATLY. Date Completed _____

Parent/Guardian's First Name _____ Middle Initial _____ Last Name _____
Address _____ City _____ State _____ Zip _____
Parent/Guardian's Birthdate _____ Gender F M Home Phone (____) _____
E-mail _____ Work Phone (____) _____
Cell Phone/Pager (____) _____

Parent/Guardian's First Name _____ Middle Initial _____ Last Name _____
Address _____ City _____ State _____ Zip _____
Parent/Guardian's Birthdate _____ Gender F M Home Phone (____) _____
E-mail _____ Work Phone (____) _____
Cell Phone/Pager (____) _____

1 **st Child** - First Name _____ Middle Initial _____ Last Name _____
Birthdate _____ Gender F M Grade in Fall 2011 _____ Age _____ School in Fall 2011 _____
Child resides with • Mother • Father • Both • Other

IMMUNIZATIONS (if you are current on immunizations with the school district) check here: _____ and go to next question.

DPT _____ Polio _____ Measles _____ Mumps _____

Rubella _____ HIB _____ Tetanus _____

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 the office located in the National Guard Armory.

HAS CHILD HAD ANY OF THE FOLLOWING, AND IF SO, PLEASE EXPLAIN:

Special needs _____

Allergies or Asthma _____

Dietary restriction/s _____

Chronic or recurring illnesses _____

Operations or serious injuries (include date/s) _____

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

During the school year, does your child receive one-on-one attention or receive special support?

• Yes • No If yes, please comment: _____

Does your child have a communicable disease or condition which may prove to be a risk to others?

• Yes • No If yes, please comment: _____

SIGNIFICANT INFORMATION ABOUT YOUR CHILD THAT WOULD BE HELPFUL FOR OUR TEACHERS AND COUNSELORS TO KNOW:

2nd Child - First Name _____ Middle Initial _____ Last Name _____
Birthdate _____ Gender F M Grade in Fall 2011 _____ Age _____ School in Fall 2011 _____
Child resides with • Mother • Father • Both • Other

IMMUNIZATIONS (if you are current on immunizations with the school district) check here: _____ and go to next question.

DPT _____ Polio _____ Measles _____ Mumps _____
Rubella _____ HIB _____ Tetanus _____

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 the office located in the National Guard Armory.

HAS CHILD HAD ANY OF THE FOLLOWING, AND IF SO, PLEASE EXPLAIN:

Special needs _____
Allergies or Asthma _____
Dietary restriction/s _____
Chronic or recurring illnesses _____
Operations or serious injuries (include date/s) _____

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

During the school year, does your child receive one-on-one attention or receive special support?

• Yes • No If yes, please comment: _____

Does your child have a communicable disease or condition which may prove to be a risk to others?

• Yes • No If yes, please comment: _____

SIGNIFICANT INFORMATION ABOUT YOUR CHILD THAT WOULD BE HELPFUL FOR OUR TEACHERS AND COUNSLORS TO KNOW:

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

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

1 Name _____
Relationship to child _____ Phone: Day (_____) _____ Evening (_____) _____

2 Name _____
Relationship to child _____ Phone: Day (_____) _____ Evening (_____) _____

Family Doctor _____ Family Dentist _____
Phone (_____) _____ Phone (_____) _____

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

Carrier _____ Policy/Group # _____

Waiver of Liability

I understand that the Northfield Area Family YMCA assume no responsibility for injuries or illnesses which my minor child may sustain as a result of any physical condition or resulting from participation in any summer program activities or experiences. I expressly acknowledge on behalf of my minor child and heirs that I assume the risk for any and all injuries and illnesses which may result from my minor child's participation in these activities. I hereby release and discharge the YMCA to its' directors, officers, employees and volunteers from any and all claims for accidents, injuries, death, loss or damage which I or my minor child may suffer as a results of participating in these activities.

Parent/Guardian Authorization

1 In the event that my child needs immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed.

2 I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.

3 My child has my permission to be transported by the YMCA to and from field trips.

4 I authorize the YMCA staff to administer syrup of ipecac when instructed to do so by a poison control center.

5 I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.

6 I hereby release all pictures of my child taken by the YMCA for promotional purposes and programming materials.

Parent/Guardian Signature _____ Date _____ / _____ / _____