

CHILD INFORMATION FORM YMCA CHILDREN'S ACADEMY

CHILD'S INFORMATION One form per child

| Is the Child a YM | Membe | r Number ₋ | Staff will fill in | Past Participant? | | | | | |
|--------------------|-------------------------|-----------------------|--------------------|-------------------|----------------|---------------|-------|-----------|---------|
| Name | | | | Але | | / / | | Male □ F | وادسو |
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| Address | | | | | | | | | |
| | | | | | City | | State | Zip | |
| Phone | | | | | | | | | |
| PARENT/GUAR | DIAN INFORMA | ATION Attach | a court ord | er if any re | strictions | | | | |
| Parent/Guardian | 1 | | | | | DOB _ | /_ | /_ | |
| Address | | | | | | | | | |
| | | | | | City | | State | Zip | |
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| | | | | | | | | | |
| Address | | | | Loc | ation during | day care ho | urs | | |
| EMERGENCY C | ONTACT INFOR | MATION Othe | er than Par | ents | | | | | |
| Name | | | Phone | | Re | lationship to | Child | | |
| Address | | | | Loc | ation during | day care ho | urs | | |
| A DDD O YIM ATE | DROP-OFF & F | DICK_LID TIME | c | | | | | | |
| APPROXIMATE | Monday | Tuesday | | Modnos | day | Thursday | | Eriday | |
| Drop Off Time | Monday | • | | | • | - | | Friday | |
| Pick Up Time | | | | | _ | | | | |
| • | | | | _ | | | | | |
| IMMUNIZATIO | N HISTORY | | | | | | | | |

Provide updated child immunization records. Contact your doctor or local health department to obtain records. Records must be provided prior to attending.

 \square Immunization records are attached. They are current and accurate to the best of my knowledge.

| Is your child currently taking any medications? Yes No If yes, what kind and why? If yes, what kind and why? If medication needs to be administered during your child's attendance, you must complete an Authorized to Administer Medication Form. Should we be aware of any lilnesses, medications, physical limitations, allergies, behavior concerns, special needs, etc.? None Yes Please check any special medical condition that your child may have. ADHO/ADD Asperger's Asthma Autism Cancer Cognitive Diabetes Eczema Gastrointestinal Motor Disorder LD OCD Other (Please list) Please list any allergies Please list any allergies Other (Please list below Describe triggers, symptoms, and steps we should follow, when to call parents, when to consider emergency care for your child. Identify staff that you have given training, etc. Attach a separate sheet if needed. Physician's Name Phone | HEALTH HISTORY | 4 & MEDICAL INFO | RMATION | | | |
|--|--|---|--|---|--|--|
| If medication needs to be administered during your child's attendance, you must complete an Authorized to Administer Medication Form. Medication Form. Should we be aware of any illnesses, medications, physical limitations, allergies, behavior concerns, special needs, etc.? Note Yes | Is your child current | tly taking any medica | ations? 🗆 Yes 🗆 No | | | |
| Medication Form. Should we be aware of any illnesses, medications, physical limitations, allergies, behavior concerns, special needs, etc.? None | | | | | | |
| Please check any special medical condition that your child may have. | | to be administered | during your child's att | endance, you must co | mplete an Authorize | d to Administer |
| ADHD/ADD | | e of any illnesses, me | edications, physical lim | itations, allergies, beh | navior concerns, spe | cial needs, etc.? |
| Diabetes Eczema Gastrointestinal Motor Disorder LD OCD Other (Please list d) Please list any allergies Food Dietary Restrictions Seasonal Dietary Restrictions Seasonal Describe triggers, symptoms, and steps we should follow, when to call parents, when to consider emergency care for your child. Identify staff that you have given training, etc. Attach a separate sheet if needed. Physician's Name | Please check any sp | ecial medical conditi | ion that your child may | y have. | | |
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| Physician's Name | Other/Please list be | low | | | | |
| Physician's Name | 33 / | staff that you have g | given training, etc. Att | ach a separate sheet i | if needed. | , |
| Physician's Name | | | | | | |
| Physician's Name | | | | | | |
| Address | | | | | | |
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| yes | | | | | | |
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| | | | | | Date | |