

SONOMA COUNTY FAMILY YMCA HEALTH HISTORY FORM

CHILDCARE/CAMP SITE LOCATION _____ SCHOOL _____

To be filled in by parents/guardians of minors or by adult staff members themselves.

Name _____ Birth Date _____ Age _____ Sex: M / F

Parent/Guardian/Spouse _____ Phone _____

Home Address _____ Phone _____

Business Address _____ Phone _____

2nd Parent/Guardian _____ Phone _____

Home Address _____ Phone _____

Business Address _____ Phone _____

EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK UP MY CHILD:

Name/Relation _____ Phone – Wk: _____ Hm: _____

Name/Relation _____ Phone – Wk: _____ Hm: _____

Name/Relation _____ Phone – Wk: _____ Hm: _____

MEDICAL HISTORY: (Check – giving approx. dates)

Frequent Ear Infections _____
Heart Defect/Disease _____
Convulsions _____
Diabetes _____
Bleeding/Clotting Disorders _____
Hypertension _____
Foot & Mouth _____

Mononucleosis _____
DISEASES
Chicken Pox _____
Measles _____
German Measles _____
Mumps _____

ALLERGIES
Hay Fever _____
Ivy Poisoning _____
Insect Stings _____
Penicillin _____
Other Drugs _____
Asthma _____

RECORD OF IMMUNIZATION: My child has the necessary immunizations to attend school.

Tetanus Booster: Date _____ Tuberculin Test: Date _____

Current Medications: (Send with instructions) _____

Chronic / Recurring Illness: _____

Dietary modifications: _____

Any specific activities to be encouraged or limited by physician's advice? _____

Insurance Carrier: _____ Policy or Group # _____

Name of family physician: _____ Phone: _____

Name of dentist / orthodontist: _____ Phone: _____

The following questions will help us to better understand and serve your child:

1. Is your child in a special needs class at school? (ESL, ID, please describe) _____

2. Teacher's Name _____

3. Have there been any important events in your child's life in the last few years that you would like us to know about in order to help us to better understand you and your child's family situation? Divorce ____ Death in Family ____ Move ____
Other (family stress, peer problems, medical problems, etc.) _____

4. Are there any special considerations we should make for your child? (behavioral / physical rules or regulations) _____

5. What are your child's special interests? _____

6. Would you like your child to do his/her homework at the center? _____

IMPORTANT – THIS INFORMATION MUST BE COMPLETED FOR ATTENDANCE

The health history information I've provided is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted on the attached forms.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the site staff to order X-rays, routine tests, treatment and necessary transportation for me/or my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the site staff to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me or my child as named above. Any costs incurred for treatment of sudden illness or accident shall be paid by me. I understand that the YMCA does not carry accident insurance.

Signature of parent/guardian or adult staffer

Date

**** If, for religious reasons, you cannot sign this, then the program should be contacted for legal waiver, which must be signed for attendance.**

PARENT AGREEMENT: I agree to and understand the following guidelines: If my child will not be attending the program, I will call the YMCA and notify them of such. I will sign my child out each day. I realize that the on-site staff cannot accept cash payments at the childcare site.

Signature of parent/guardian

Date

I also authorize pictures taken of my child at the Childcare or Preschool Program (whichever is applicable) to be used for YMCA promotion purposes.

Signature of parent/guardian

Date

PERMISSION, RELEASE AND HOLD HARMLESS AGREEMENT

GENERAL RELEASE OF LIABILITY: In consideration for being allowed to participate in YMCA activities and programs, I agree to assume and accept all responsibility of the risk of any and all injury or damage to my person or dependent children which might arise directly or indirectly as a result, and or participation in a YMCA program. I further agree to release, discharge and hold harmless from any liability whatsoever the Sonoma County Family YMCA, all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Directors, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only to me, but my heirs, administrators, executors, successors and assigns.

Signature of parent/guardian or adult

Date