

Authorized Pick-Up Information

Please list secondary individuals who may pick up your child

1. First Name _____ Last Name _____ Relationship _____

Address: _____

Contact Information: Main (___) ___ - _____ Work (___) ___ - _____ Cell (___) ___ - _____

2. First Name _____ Last Name _____ Relationship _____

Address: _____

Contact Information: Main (___) ___ - _____ Work (___) ___ - _____ Cell (___) ___ - _____

I give permission for my child to be released from YMCA care with the above individuals. I understand that the people listed are required to show identification for a child to be released. I also agree to notify YMCA staff in advance when I will not be picking up my child.

Parent/Guardian Signature (I have read and understand the above statement)

Date

Custody Information

Parent's Marital Status: Married Divorced Separated Single Widowed

If divorced or separated, who has legal custody? _____

Note: Court orders are needed if a parent is denied access to the child

Medical Information

Medications Child Is Currently Taking _____

*If your child will need to take medications during the School Break Camp day, you will need to provide the medication in the prescription bottle, a doctor's prescription with dosage instructions, and a note from you authorizing the YMCA to administer the medication. **If documentation is not provided, your child's medication will not be permitted to be left onsite.***

Physician's Name _____ Phone (___) ___ - _____

Dosage Instructions _____

Allergies _____ Last Tetanus Shot ___ / ___ / ___

In case of allergic reaction, what action should be taken? _____

Does your child have disabilities? Hearing Speech Vision Seizures Other _____

Please Describe _____

In the event that I/we cannot be reached to make arrangements for emergency medical attention, I/we, being the parent(s) legal guardian(s) of the named minor, do hereby appoint the YMCA staff to act on my/our behalf in authorizing emergency medical, dental, surgical care and hospitalization in my/our absence for the named minor.

Parent/Guardian Signature (I have read and understand each of the above statements)

Date

Additional Information

Does your child have any special needs? Please Explain _____
