

YMCA OF METRO ATLANTA EMERGENCY INFORMATION, WAIVER, AND MEDICAL AUTHORIZATION FORM

PRINT PARENT/GUARDIAN NAME: \_\_\_\_\_ Date \_\_\_\_\_

CHILD'S INFORMATION: Complete one form for each child.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_  Male  Female Are immunizations current?  NO  YES

Has child been hospitalized or had operations, serious injuries, fractures, etc. in the past five years?  NO  YES

Does he/she have any disability, special needs, chronic or recurring illness or conditions?  NO  YES

Does he/she have any conditions requiring medical, treatment or special considerations while in this program?  NO  YES

Are there any activities from which your child should be exempted for health reasons?  NO  YES

Name current medications (perscribed or over the counter) and give instructions: \_\_\_\_\_

List allergies and diet restrictions: \_\_\_\_\_

If you answered YES to any of the questions above, please give details: \_\_\_\_\_

HEALTH INSURANCE INFORMATION:

Physician's Name: \_\_\_\_\_ at (hospital/clinic/office): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

INITIAL EMERGENCY CONTACT:

Parent/Guardian to be contacted first: \_\_\_\_\_ Phone: \_\_\_\_\_

If the initial emergency contact cannot be reached, we will attempt to reach (Please include at least one relative and one available neighbor):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION:

I certify that, in advance of participation in YMCA programs, I have received any and all information which I deem necessary or important in making an informed choice regarding my child/ward's participation in such activity or program. I acknowledge the risks inherent in my child's participation in activities. In consideration for the Metro Atlanta YMCA, allowing my child/ward to participate in such activity or program, I hereby voluntarily agree to assume all risks of his/her participation in such activity or program. I understand that the YMCA day camp program is not licensed and is not required to be licensed by the State. The YMCA has been granted an exemption from licensing by the Department of Early Care and Learning.

IN EXCHANGE FOR ALLOWING MY CHILD/WARD TO PARTICIPATE IN YMCA PROGRAMS AND SERVICES, I HEREBY AGREE TO RELEASE AND HOLD HARMLESS the YMCA, its employees, officers, directors and volunteers, from any loss, liability, claim of bodily injury or death or property damage, or costs which may arise due to my use of the YMCA's facilities and equipment and my participation in Y programs, including claims arising out of negligence of the Y and its employees and volunteers. The use of all Y facilities shall be undertaken at the undersigned's own risk. This agreement shall be governed by the laws of Georgia. I give permission for my child/ward to participate on supervised field trips away from the site and to be transported by a YMCA vehicle. The health information about my child that I have provided to the Y (including my child's immunization records) is complete and correct so far as I know. My child has permission to engage in all prescribed activities except as not in his/her registration materials. I authorize the use and reproduction of any and all photographs or video footage of myself or my dependents for Y promotional purposes without compensations, and I understand that it is the personal responsibility of members and their guest(s) to avoid being photographed if they so desire.

AUTHORIZATION OF TREATMENT:

I hereby give my permission to the medical personnel selected by the director to secure emergency medical treatment including but not limited to, first aid, CPR, admission to any hospital, tests, surgery or general anesthesia, so long as care is provided by persons or facilities licensed in the state in which such treatment is rendered. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to secure and administer treatment, including hospitalization, for the child named above. The completed forms may be photocopied for field trips. I further acknowledge that any medical treatment ordered is my financial responsibility and not that of Metro Atlanta YMCA, or any of its agents, volunteers or employees.

HOSPITAL CONSENT: Hospital has permission to treat my child (specify name of hospital): \_\_\_\_\_

ACKNOWLEDGEMENT OF POLICIES & GUIDELINES

By signing below, I acknowledge that I have read the above information, and that I understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Program Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures in order for the program to be a successful experience for all.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_

YMCA OF METRO ATLANTA AUTHORIZATION FOR CHILD PICK UP FORM

Child's Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Preferred Email Address: \_\_\_\_\_

Child's Home address: \_\_\_\_\_

PICK UP INFORMATION: Complete one section for each person authorized to pick up your child.

Parent/Guardian - 1 Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relation to Child: \_\_\_\_\_  MALE  FEMALE

Home Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Preferred Contact Method:  Home  Work  Cell  Other: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian - 2 Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Relation to Child: \_\_\_\_\_  MALE  FEMALE

Home Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Work Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Preferred Contact Method:  Home  Work  Cell  Other: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

AUTHORIZED PICK UP - 3:

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Preferred Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Phone Type:  Home  Work  Cell  Other: \_\_\_\_\_

AUTHORIZED PICK UP - 4:

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Preferred Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Phone Type:  Home  Work  Cell  Other: \_\_\_\_\_

AUTHORIZED PICK UP - 5:

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Preferred Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Phone Type:  Home  Work  Cell  Other: \_\_\_\_\_

AUTHORIZED PICK UP - 6:

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Preferred Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Phone Type:  Home  Work  Cell  Other: \_\_\_\_\_

AUTHORIZED PICK UP POLICIES

Only the people listed above may pick up your child from camp. No exceptions are made for family members. Additionally, please inform us below if there are specific people who are not allowed to pick up your child under any circumstances.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ Date: \_\_\_\_\_

UNAUTHORIZED PICK UP INFORMATION:

These people are specifically not allowed to pick up your camper.

UNAUTHORIZED PICK UP - 1:

Name: \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

UNAUTHORIZED PICK UP - 2:

Name: \_\_\_\_\_ Age \_\_\_\_\_  Male  Female