



Registration

The child's custodial parent or guardian must complete the following information. The intent of this information is to provide the participants health background to Y staff so they may provide the appropriate health care treatment. Any changes to this form should be provided to YMCA health personnel upon participant's arrival. The information on this form is not a part of the participant or staff acceptance process, but is gathered to assist us in identifying appropriate care. Returning participants need a new health form each year.

Participant Info

Name: Child's First Name Child's Last Name

Gender: Girl

Date of birth: 01/01/2000

Grade 2020-2021:

Current school:

Address: 135 Madison Avenue Elizabeth, NJ 08701

Parent/Guardian

Parent/guardian name: Parent First Name Parent Last Name

Email: email@email.com

Home phone: 9083559622

Other parent/guardian name: Other Parent First Name Other Parent Last name

Email: email2@email.com

Home phone: 9083559622

Authorized Pickups

Local person to call in case of emergency if parent/guardian cannot be reached (authorized to release child to)

Name: Authorized Pickup (you can add multiple)

Phone: 9083559622

In addition; I hereby authorize the Y staff to allow my child to be released to the following persons:

Name: 2nd Authorized Pickup

Phone: 9083559622

Emergency Info

Physician's name: Dr Name

Phone: 9083559622

Address:

Hospital name:

Phone:

Address:

Medication / Allergies / Vaccines

Please list ALL medications, including non-prescription, taken routinely. The Y prefers that all medications be administered at home before and after program time. However, if medications are required, please send enough to last the entire session. Please keep all medications in the original packaging that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

The participant takes medication on a routine basis: No

Vaccine shot records are attached at the end of this doc.

Allergy Info

List any allergies below. Also provide reaction and management of this reaction:

Medication allergies: N/A

Food allergies: N/A

Other allergies: N/A

Please list any special problems or limitations your child may have which the staff should be aware of and note required treatment:

None

Additional Health Info

Does your child carry an asthma inhaler? No

Does your child carry an epipen? No

Has your child has any operations or serious injuries? No

Has your child every been hospitalized? No

Does your child have any chronic or recurring illness, including seizures? No

Does your child have emotional or behavioral problems? No

Please list any additional health history information we should be aware of. 0

Parent / Guardian Authorization

IMPORTANT: Please notify the YMCA if this child has been exposed to any communicable disease.

- This health history is correct as far as I know, and the person herein described is in good condition and has permission to engage in all usual activities except as noted by me.
- In order to meet all legal requirements, I hereby authorize representatives of the Gateway Family YMCA to give consent for any and all necessary emergency medical care for my child while he/she attends The Gateway Family YMCA program.

Parent Agreement

- I have received The Gateway Family YMCA Parent Handbook, and I will review the program safety and behavioral guidelines with my child. I understand my communication will support my child in having a safe, happy, and memorable program experience.
- Parent Receipt of Information: Information to Parents Document. I have read and received a copy of the information/policies listed above.
- Parent Receipt of Information: Policy on the Release of Children. I have read and received a copy of the information/policies listed above.
- Parent Receipt of Information: Policy on Methods of Parental Notification (Applicable only if method other than a phone call is used to notify parents of an injury to a child's head, a bite that breaks the skin, a fall from a height, or an injury requiring professional medical attention.). I have read and received a copy of the information/policies listed above.
- Parent Receipt of Information: Policy on Communicable Disease Management. I have read and received a copy of the information/policies listed above.
- Parent Receipt of Information: Expulsion Policy. I have read and received a copy of the information/policies listed above.
- Parent Receipt of Information: Policy on the Use of Technology and Social Media. I have read and received a copy of the information/policies listed above.
- I understand the importance of completing all registration materials prior to enrolling my child in programs. The registration materials support the YMCA in meeting licensing standards and are therefore a requirement. I understand that full payment is needed prior to my child's participation in programs.
- I understand that full payment is needed prior to my child's participation in programs.
- To ensure the safety of all participants, I understand that a child may be suspended or terminated from the program, at the discretion of the YMCA, for behaviors that violate YMCA rules and procedures. I also understand that there are no refunds for suspensions or terminations.
- I understand that The Gateway Family YMCA is not responsible for lost or damaged belongings, and that a lost and found is provided.

Parental Authorization and Consent

- I give permission for my child to participate in walking trips within the YMCA neighborhood. I understand these walks do not involve entrance into any facility and the route of any walk involves no safety hazards.
- I give consent for my child to take part in all field trips or excursions under proper supervision. I also give my consent for my child to be transported to and from field trips/excursions.
- I give consent for my child's picture to be taken by childcare staff or area media personnel to be used for promotional purposes as deemed appropriate.
- I give permission for my child to participate in all Healthy U activities and I give The Gateway Family YMCA permission to fitness test my child in cooperation with the Healthy U-CATCH initiative.

Vaccine/Immunization Uploaded documentation

APPENDIX H

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number () -		Work Telephone/Cell Phone Number () -	
Parent/Guardian Name		Home Telephone Number () -		Work Telephone/Cell Phone Number () -	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)			
		Height (must be taken within 30 days for WIC)			
		Head Circumference (if <2 Years)			
		Blood Pressure (if ≥3 Years)			
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

CH-14 OCT 17

Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider

I certify that I have read the information in this document and confirm it is correct with my digital signature below:

Parent Signature

Parent Signature

Signing Member ID: 123107

Signed digitally at 07/21/2021 08:00:35PM from 108.5.150.49

Uploaded file to The Gateway Family YMCA at 07/21/2021 08:00:35PM