



YMCA of Greater Michiana Emergency Care Registration

Child's Name _____

Membership Status ☐ Member ☐ Non-Member

Ethnicity ☐ Caucasian ☐ African American ☐ Hispanic ☐ Asian or Pacific Islander ☐ Other

Employer _____ Essential Job _____

Location ☐ Benton Harbor-St. Joseph ☐ Niles-Buchanan

Price

Essential Employees ☐ \$175/week

Admission Agreement *Please initial each line*

	MEDICAL INFORMATION – I certify that the documentation of physical examination and immunizations in accordance with the public schools health requirements are on file at my child's school.
	AUTHORIZED FOR MEDICAL TREATMENT – I authorize the YMCA of Greater Michiana staff who are trained in first aid and CPR to give my child First Aid or CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I am unable to be reached, I hereby authorize YMCA of Greater Michiana to transport my child to the nearest medical care facility and/or hospital and secure necessary medical treatment for any child.
	MEDICATIONS – I understand that a Medication Form is required to be completed and signed by a parent/guardian should my child need any medication administered during the program. I further understand that we allow the self-carry of emergency medications ONLY for children diagnosed with asthma or other relevant conditions. Self-carry is only permitted with the prescribing physician's written permission.
	CUSTODY – YMCA requires a legal document or court decree; otherwise decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document.
	PHOTO RELEASE – The YMCA is hereby granted permission to use any individual or group photograph and/or videotape showing my child in YMCA activities for use in public relations, promotional, or advertising purposes.

I have read the Admission Agreement and fully agree to its terms. I also agree to keep all information as it relates to this paperwork, up to date for the safety of my child. By signing, I hereby release the YMCA of Greater Michiana, its officers and employees from responsibility of personal injury or personal property damage associated with the program or its property. I consent to full understanding and knowledge of inherent risks and voluntarily accept responsibility for any such occurrence not related to gross negligence.

Parent/Guardian Signature _____ Date _____

Child Information Record Form

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission		Date of Discharge	
Name of Child (Last, First, Middle Initial)					Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State	Zip Code
Parent/Legal Guardian's Name		Home Phone ()	Parent/Legal Guardian's Name (Optional)		Home Phone ()
Home Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)		Cell Phone ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address		
Employer Name		Work Phone ()	Employer Name		Work Phone ()
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()		
Hospital Preferred for Emergency Treatment (optional)					
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)					

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released.					
1.		()	DOB		/ /
2.		()	DOB		/ /
3.		()	DOB		/ /
Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)					
1.		()	2.		()
3.		()	4.		()

Parent/Legal Guardian Initials:	
_____ I give permission to _____ to secure emergency medical treatment for the above named minor child while in care.	

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.	
Signature of Parent or Guardian	Date Signed

Medication Permissions & Instructions

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

TO BE COMPLETED BY PARENT

I give my permission for _____ to give or apply the medication
(Caregiver, Facility)
_____, to my child _____, as follows:
(Specify, prescribed medication/over the counter product) (Child's Name)

DIRECTIONS:

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
Signature of Parent	Date

TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE
It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.				