



YMCA of Metropolitan Chicago Youth Programs
Emergency Information/ Pick up Form

Program _____ Date(s) Involved _____
Child's Name _____ Age _____ Birthdate _____
Address _____ City _____ Zip Code _____

Allergies (food, medication, insects, asthma or other)

Reaction and management of the reaction

Insurance Information

Is the participant covered by family/medical/hospital insurance yes _____ no _____
If yes, indicate carrier or plan name _____ Group # _____
Carrier Address _____ City _____ Zip Code _____
Name of Insured _____ Relationship to participant _____

IMPORTANT: THIS BOX MUST BE COMPLETED FOR ATTENDANCE

I do hereby give permission for the YMCA of Metropolitan Chicago staff to transfer child named above off the property for the purpose of medical care or program activities as deemed appropriate by the Director and in the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Director, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.

Signature of Parent/Legal Guardian _____ Date _____

Parent/Legal Guardians listed below are authorized to pick up participant and are able to be contacted in an emergency.

Parent/ Legal Guardian #1 _____
Address _____ City _____ Zip Code _____
Cell Phone (____) _____ Home Phone (____) _____
Name of Company where employed _____
Title _____ Work Phone (____) _____
Email Address _____
 Would you like to receive day camp updates through email?

Parent/Legal Guardian #2 _____
Address _____ City _____ Zip Code _____
Cell Phone (____) _____ Home Phone (____) _____
Name of Company where employed _____
Title _____ Work Phone Number (____) _____
Email Address _____
 Would you like to receive day camp updates through email?

If either individual above can not be reached in an emergency please notify:

Name _____
Relationship to participant _____ Cell Phone(____) _____
Home Phone(____) _____ Work Phone(____) _____



YMCA of Metropolitan Chicago Youth Programs
Youth Program Pick Up/Drop Off Information

Indicate approximate arrival time (Drop off):

Indicate approximate departure time (Pick up):

IMPORTANT: MUST BE COMPLETED FOR ATTENDANCE

I, _____ authorize the following people to pick up my child and be contacted in the event of an emergency from the _____ YMCA. In doing so, I relieve the YMCA of Metropolitan Chicago, its centers and employees of all responsibility for my child after he/she has been released from the program. *Attempts will be made to reach the parent/legal guardian first.*

Additional people who are authorized to pick up my child (Identification will be required)

1.) Name _____ Relationship _____
Address _____ City _____ Zip Code _____
CellPhone(_____) _____ HomePhone(_____) _____
Work Phone (_____) _____

2.) Name _____ Relationship _____
Address _____ City _____ Zip Code _____
CellPhone(_____) _____ HomePhone(_____) _____
Work Phone (_____) _____

3.) Name _____ Relationship _____
Address _____ City _____ Zip Code _____
CellPhone(_____) _____ HomePhone(_____) _____
Work Phone (_____) _____

4.) Name _____ Relationship _____
Address _____ City _____ Zip Code _____
CellPhone(_____) _____ HomePhone(_____) _____
Work Phone (_____) _____

Unauthorized Pick-Up: People who CANNOT pick up your child from a YMCA youth program:

Name:	Relationship:
1.) _____	_____
2.) _____	_____
3.) _____	_____



YMCA of Metropolitan Chicago Medication Permission Form To be completed by Parent/s and or Guardians

- Information you provide will be deemed confidential by the YMCA of Metropolitan Chicago and will be shared only with YMCA staff involved in the program.
- Only prescription drugs that are in their original container and are accompanied with specific written directions from a licensed physician will be dispensed to campers by authorized personnel.
- Non-Prescription drugs will only be dispensed under the signed instruction of the parent/guardian and Physician. Non-Prescription drugs must be in their original container.

Child's Name: _____ Parent/s Name _____

Physician's Name _____ Physician's Phone # _____

Physician's Diagnosis: _____

Type of Medication: _____ Prescription No.: _____

Dosage: _____ Refrigerate ___ yes ___ no

Time(s) Medication is taken at home, or indicate "as needed": _____

Time(s) Medication is taken at YMCA or indicate "as needed" : _____

Specific dates child will be taking medication at YMCA:

List any side effects from this medication:

The YMCA staff is hereby authorized to administer the above stated medication as required by the child's physician and which is described on this document.

Signature of Parent or Legal Guardian

Date

Special Instructions: _____

Food Restrictions (please circle any foods that your child is restricted from eating)

Red Meat Pork Dairy products Poultry Seafood Eggs Peanuts

Other (describe) _____

Activity Restrictions (i.e. what can not be done, what adaptations or limitations are necessary)



Confidential Participant Information Form

This form is designed to improve communication between the YMCA and the families we serve and to help the counselors make sure your child is having a great time. Information you provide will be deemed confidential by the YMCA of Metropolitan Chicago and will be shared only with YMCA staff involved with program who need to know. Please take time now to complete it carefully.

Participant's Name _____ Nickname _____

Has child been away from home before? _____

What does he/she like best? _____

Special talents or abilities _____

Hobbies and/or special interests _____

Is there an activity your child particularly wants to do at the YMCA? _____

How does your child get along with others of the same age? _____

Does your child have any serious fears? If so, please tell us about them.

Are there any problems that may confront your child while at the YMCA (homesickness, anxiety, allergies, etc...) _____

Does your child have any communication difficulties? ___ yes ___ no

If yes, please explain, including extent of difficulties and any methods used to compensate for difficulties (e.g. sign language, speech board, lip reading).

Does your child need special supervision during swimming? ___ yes ___ no

If yes, please explain.

Does your child have any behavior disorders? ___ yes ___ no

If yes, please explain.



Confidential Participant info con't

What is your child's usual personality/behavior? (If your child has a current behavior plan/program; please provide us with a copy of that plan.)

Please list the rewards your child receives for appropriate behavior.

Please explain the discipline your child receives for inappropriate behavior.

Does your child qualify to receive Special education Services through Schools? ___ yes ___ no

List any specific disabilities, allergies, or special health conditions of your child. _____

What type of class is your child in during the school year?

- | | |
|---|--|
| <input type="checkbox"/> Nonspecial education | <input type="checkbox"/> OH (orthopedically handicapped) |
| <input type="checkbox"/> MH (multiply handicapped) | <input type="checkbox"/> VH (visually handicapped) |
| <input type="checkbox"/> DH (developmentally handicapped) | <input type="checkbox"/> SBH (severe behavior handicapped) |
| <input type="checkbox"/> SLD (specific learning disability) | <input type="checkbox"/> HH (hearing handicapped) |
| <input type="checkbox"/> OHH (other health handicapped) | <input type="checkbox"/> Inclusion classroom |

Please provide any other information you feel may put us in a better position to understand your child and his/her needs.

Parent's Signature _____ Date _____



YMCA of Metropolitan Chicago Youth Programs Character Contract

This form may be used for youth 5 to 9 who may draw or write their perception of the situation. This form must be filled out with the assistance and/supervision of a YMCA staff person. A separate piece of paper may be attached to this form to answer questions. The staff may write what the child explains to them. This can be used to lead discussions in groups or individually with children.

Purpose: To help you explain the situation that happened and to set actions in place to make sure it will not happen again.

Directions: Fill out this form completely before turning it in to a YMCA staff person in your program.

Your Name: _____ **Date:** _____

1. What happened?
2. How did the situation make you feel?
3. What rules have been broken?
4. Circle the value (s) you did not show:
Caring Respect Responsibility Honesty
5. Give 2 examples of what you could have done instead. Write the value (s) you would have used in these examples.
 - 1.
 - 2.
6. How do you think this situation makes others feel?
7. What should the consequences be?
8. What would you like to see the YMCA staff do to handle the situation?
9. How can we make sure this will not happen again?
10. Why is it important to change?

Child's Signature _____ Staff Signature _____



TALENT RELEASE AND AUTHORIZATION

For good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the undersigned hereby permits and allows YMCA of Metropolitan Chicago and/or its agents, including its advertising agency, to make use of any motion or still photography of the undersigned and/or any of the undersigned's statements concerning the products, merchandise and services of the YMCA of Metropolitan Chicago in any form, with or without the products, merchandise and services of the YMCA of Metropolitan Chicago, including the use of the undersigned's name and statements in commercials, news stories, print advertising or publicity material. The undersigned hereby releases the YMCA of Metropolitan Chicago and its agents, as well as any and all media entities that publish or disseminate said statements or photography and the respective agents and employees of each of them, from all claims, causes of action or suits that the undersigned may now or hereafter have against them arising out of the use of such statements and/or photography in any shape, form or manner.

PRINTED NAME: _____
(If form applies to a minor, name of minor, with name of parent or guardian in the space below.)

SIGNATURE: _____

DATE: _____

ADDRESS: _____

CITY AND STATE: _____

TELEPHONE NUMBER: _____

If this relates to a participant under the age of 18, the parent's or legal guardian's signature is required:

PRINTED NAME OF
PARENT OR LEGAL GUARDIAN: _____

SIGNATURE OF PARENT
OR LEGAL GUARDIAN: _____

DATE: _____