



## first aid and emergency medical care information and consent

**Child's Name:**

I authorize YWCA staff who are trained in the basics of first aid to give my child first aid 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. If I am not available, I hereby authorize the YWCA to contact EMS to transport my child to the nearest medical care facility and to secure medical treatment for my child.

<b>Child's Physician:</b>	
<b>Physician's Address:</b>	
<b>Physician's Phone Number:</b>	

<b>Child's Allergies:</b>	
<b>Child's Medications:</b>	
<b>Chronic Health Conditions/Special Diet/Limitations/Concerns:</b>	

<b>Health Insurance Coverage:</b>	
<b>Policy Number:</b> (As well as group number if applicable)	

**Emergency Contacts** (in the order to be contacted)

**Please note that in the case of an emergency, the program will release your child to persons listed.**

(You must indicate three (3) emergency contacts **other than parents** who can be reached during program hours and are legal adults 18+)

Name	Relationship to Child	Best Phone Number

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# transportation plan authorization

## Child's Name:

### School's Out Program

Arrival - Participants arrive to the program through the school dismissal system

Dismissal - Participants are released to a parent/guardian or authorized pick up person listed below

### Summer Camp

Arrival – Check in with YW staff person at Door #1

Dismissal – Participants are released to a parent/guardian or authorized pick up person listed below

I authorize my child to be released from program to the following people.

**Please note that authorized persons must be 18+.** (If no one is authorized, please indicate below by writing "No One.")

### Permission to Release

Name	Relationship to Child	Best Phone Number

Any other transportation requests must be stated in writing, approved by the Program Director and maintained in the child's file. This permission is valid for one program year from the date of signature.

I authorize the YWCA to transport my child in the case of an emergency.

I authorize the YWCA and the transportation company that they have hired to transport my child on any/all scheduled fieldtrips and off-site activities.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## acknowledgements

**Child's Name:**

### **program supervision**

I attest that my child is able to function independently within the ratio of the program.

I understand that the youth programs do not provide routine 1 on 1 supervision.

### **fieldtrip and off-site activities permission**

I give permission for my child to participate in all scheduled fieldtrips and off-site activities. I understand that I will be notified about all trips and off-site activities prior to my child participating. I understand that the emergency procedures are detailed in the Health Care Policy.

### **unanticipated, non-prescription and topical medications**

I understand that YWCA staff will administer topical ointments and sprays (bug spray, sunscreen, anti-itch cream, petroleum jelly, moisturizing lotion and triple antibiotic ointment) when deemed appropriate and/or as described in the Parent Handbook / Healthcare Policy.

### **parent handbook acknowledgement**

I have read and agree to abide by the policies outlined in the Parent Handbook.

\*\*The Parent Handbook is available on the YWCA website [www.ywcanewburyport.org](http://www.ywcanewburyport.org).

### **release of information**

I understand that the YWCA staff will speak and/or exchange documents concerning my child with all personnel and/or professionals who may be instrumental in facilitating my child's learning, behavioral process or general well-being.

(Including, but not limited to school, medical, law enforcement, legal and social service personnel)

(Documents to include IEPs, ISSPs, 504s, DCF order and any other behavioral and/or adaptive plans)

My child is currently on a supportive plan:                      **Yes**      **No**

*\*If yes, provide a copy to the program director. It is the parent's responsibility to provide copies of all supportive plans in a timely enough manner to allow the YWCA to review and make the best judgement on whether the program can support the needs of the child. In order to make sure that your child's care is uninterrupted, parents should reach out to the program director with any specific needs that their child might have.*

### **photo release**

All YWCA youth programs reserve the right to use photos taken during the program for promotional purposes, to enhance program activities and for the purpose of safety/identity. We have accounts on Instagram and Facebook currently.

- \* All children must have a current physical with immunization record on file with this intake packet.
- \* All children with medical alerts, allergies, and/or medications will require an individual healthcare plan in addition to this intake packet. Please check in with the Program Administrator to coordinate.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_