

Health Information

2018-2019 After School Program

Your child's immunization record must be on file with your child's school, please indicate the school & information below:

School Name: _____	School Address: _____	School Phone: _____
--------------------	-----------------------	---------------------

In the event of an emergency and the parent/legal guardian is not available, your designated hospital will be contacted for emergency/medical transportation and/or treatment. Please check the hospital in which you would like us to contact.

Check One:	<input type="checkbox"/> Community Medical Center 3501 Knickerbocker Road San Angelo, TX 76904 325-949-9511	<input type="checkbox"/> Shannon Medical Hospital 120 E. Harris Ave San Angelo, TX 76903 325-653-6741	<input type="checkbox"/> Concho Valley ER 5709 Sherwood Way San Angelo, TX 76901 325-703-6900
-------------------	--	--	--

Food Allergies **all children with food allergies must have an Allergy Form on file at the YMCA before enrollment is accepted**

List Foods: _____

Non-Food Related Allergies

List Allergies: _____

Behavioral Information

Behavioral Issues/Special Needs:

HEAD START: Can your child participate in a 1:15 ratio? (1 staff with 15 kids)	YES	NO
SCHOOL AGE: Can your child participate in a 1:22 ratio? (1 staff with 22 kids)	YES	NO
Does your child run from adults?	YES	NO
Is your child prone to severe breakdowns or fits?	YES	NO
Will the child require medication to be given at the after school location?	YES	NO
Does your child have an epi-pen for allergies? (if yes, please provide)	YES	NO
Does your child have a behavioral diagnosis?	YES	NO

Please list and explain: _____

What strategies work best if your child gets upset? _____

What are your child's limitations? _____

Additional Information:

In order to best meet your child's needs, we require that you list any other special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries/hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information the staff should be aware of. _____

Policy Acknowledgements

By enrolling my child in the program, I understand and agree to follow all policies outlined in the parent handbook (provided to you at registration). By signing, you give your child permission for the following:
To be photographed/videotaped for YMCA or United Way purposes (no names will be released).
To participate in water activities, including swimming (life jackets will be provided to those who need them).
To be treated medically by a physician and transported to a hospital (in the event of an emergency).
To be transported by YMCA or TLCA buses for field trips (permission slips will be administered).

Parent/Guardian Signature: _____ Date: _____