

Emergency Information (We are required to have all three of the following items on file.)

➔ Doctor _____ Address _____ Phone _____
➔ Hospital _____ Address _____ Phone _____
➔ Dentist _____ Address _____ Phone _____

Pick-up Information

In addition to parents and guardians, the following person(s) have my permission to pick up my child from YWCA child care sites. Children will be released only to those authorized by the parent/guardian. The Program Supervisor will not dismiss a child to any person not listed below unless the parent both calls the supervisor and sends in a note with the child.

1. Name _____ Phone () _____ Relationship _____
2. Name _____ Phone () _____ Relationship _____
3. Name _____ Phone () _____ Relationship _____

If there is a separation or divorce custody problem of which we should be aware, please explain.

Names of persons who may not pick up the child:

YWCA Child Care will, at all times, follow State of Iowa laws and judicial decisions regarding who may or may not have access to a child. All family situations are different, therefore, if you have specific questions or requests regarding this area, please contact the YWCA Child Care office immediately.

➔ _____
Parent/Guardian Signature Date

Travel & Activity Authorization

I give permission for my child _____, to leave the YWCA Child Care program area for trips in a car or on public transportation to special places, walks to the park, shopping trips, etc. Restrictions on such trips: _____

➔ _____
Parent/Guardian Signature Date

Picture Release

___ Yes, I authorize that my child _____ may be photographed at YWCA Child Care programming during normal childcare program hours, field trips or activities. I understand that these photographs may be used for promotional materials, either in print, media release or on the internet. *No names will be included.*

___ No, I do not want my child to be photographed.

➔ _____
Parent/Guardian Signature Date

Health History

Does your child have any allergies? _____

Please inform us of any special needs your child has (hyperactivity; vision; speech, or hearing disorders; asthma; physical limitations; social or emotional problems).

Is your child presently on any medication? Yes____ No____
If yes, give name of medication(s) and dosage (If you need the YWCA Child Care Program to administer medication, please ask for a separate "Medication Release" form.)

Does your child have an IEP, I-Plan or 504 plan at school? Yes____ No____
If yes, please provide information that you feel would be helpful to our staff:

Immunization Statement

My child, _____, is current with all immunization requirements and the immunization information is on file and available in the nurse's office at _____ school.

→ _____
Parent/Guardian Signature Date

Statement of Health:

I hereby certify that my child, as named above, is free of communicable disease and that all allergies, medications, or acute or chronic conditions have been listed above.

→ _____
Parent/Guardian Signature Date

Medical Release

I am the legal guardian of _____ who is, with my permission, a participant in an activity sponsored by the YWCA of Black Hawk County. In the event that I am not in attendance when emergency medical treatment may be necessary, I hereby authorize an appropriate adult staff member to engage qualified medical personnel to initiate any necessary medical treatment or care. It is understood that I will be notified first in the event of an accident. Should I not be available, the emergency contact listed on my child's application will be notified.

I understand that if medical services are provided by a physician, hospital, and/or ambulance, these expenses will be covered by myself or my family's health insurance.

Insurance Company Policy # Name of insurance policy holder

→ _____
Parent/Guardian Signature Date

