



# Program Medical Form

Please attach 2 recent photographs of your child (head shot only) photos not returned

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_ Sex: Male  Female

Parent/Guardian: #1 \_\_\_\_\_ Bus. # \_\_\_\_\_ Custody: Yes No

Parent/Guardian: #2 \_\_\_\_\_ Bus. # \_\_\_\_\_ Custody: Yes No (circle one)

Alberta Health Care Number: \_\_\_\_\_ Other Coverage \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

*In case of an accident or illness, the parent will be notified, or if not available, list other names that could be contacted:*

#1	Name	Phone#	Relation to child
_____	_____	_____	_____
#2	Name	Phone#	Relation to child
_____	_____	_____	_____

Is there anyone who is legally NOT authorized to pick up your child? \_\_\_\_\_ If yes please provide copies of court documents.

Does your child have any food allergies or diet restrictions (Please list) \_\_\_\_\_

Does your child have any illness, learning disability or any medical condition that our staff should be made aware of? \_\_\_\_\_

Is your child on any medication? Please list \_\_\_\_\_

*I \_\_\_\_\_ (parents name) give permission for YMCA staff to give \_\_\_\_\_ (child's name) The following medication \_\_\_\_\_ (Medication name) at the following times \_\_\_\_\_*

Has your child had any illnesses, injury or operation of which the staff should be aware of? \_\_\_\_\_

Suggestions from parents on behavior management or special needs for your child: \_\_\_\_\_

## Medical Statement

*In case of emergency or illness, every effort will be made to contact the parents or guardians. In the event that contact cannot be made, I agree that in case of an emergency or illness, a qualified medical physician may attend to my child.*

## Field Trip Permission

*I hereby grant permission for my child to attend the scheduled off area trip(s) as an activity for Day Camps.*

## Informed consent

I am aware that YMCA daycamps participants may be involved in some of the following activities: swimming, running, sports, using YMCA facilities, off area trips such as: walking to local parks, going to other facilities in Edmonton and surrounding areas, taking transportation on ETS or school bus.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

## Photo Release Agreement (optional)

*The undersigned hereby grants the YMCA of Northern Alberta permission to take and publish still photographs and moving videos or publish those previously taken of my child.*

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date