

HEALTH HISTORY & EMERGENCY CARE PLAN

1. Check any special medical condition that your student may have:

- None Physical Handicaps Epilepsy / Seizure Disorder Asthma Diabetes
 Cerebral Palsy / Motor Disorder Emotional / Behavior Disorder including ADD, ADHD or ODD *(Please Circle)*
 Gastrointestinal or Feeding Concerns Including Special Diet and Supplements
 Other condition(s) requiring special care (Specify): _____

2. Does your student have any allergies?

- Food Allergies - No Yes--Specify food(s): _____
 Non-Food Allergies - No Yes--Specify: _____

If Yes, Fill out a - e. Attach additional information if needed. If No, skip to #8.

a. Triggers that may cause problems - Specify: _____

b. Signs or Symptoms to watch for - Specify: _____

c. Steps the child care provider should follow: _____

d. When to call parents regarding symptoms or failure to respond to treatment: _____

e. When to consider that the condition requires emergency medical care or reassessment: _____

3. Is there additional information that may be helpful to the child care provider? None Yes

Specify: _____

4. Does your student take any medication (this information is needed whether they take medicine while in the program or at another time of the day, in case of emergency).

Yes No If yes, what is the medication? _____

INSURANCE INFORMATION

5. Insurance Company: _____ Policy # _____

6. Name of person holding insurance policy: _____ Group # _____

MEDIA RELEASE

7. I understand that my child's/ward's picture/video may be taken by any YMCA staff, volunteer, sponsor or any other YMCA program colleague for media, promotional and/or public relations purposes including, without limitation, use on sponsor owned and operated websites, social media sites, and print and digital media, and allow for these images, videos, representations and other media to be used for promotional, media and/or public relations purposes unless I submit a statement to the contrary to appropriate YMCA staff.

YES, I grant the Kenosha YMCA permission to use photos/videos of my child. I understand the photos may be shared on the Kenosha YMCA website, in print and on Kenosha YMCA social media pages.

NO, please do not take or use any photos/videos of my child.



Signature of Parent or Guardian

Date