



My child has the following special need(s):

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The following special accommodation(s) may be required to most effectively meet my child's needs while at this center.

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**My signature below indicates that the information provided has not been falsified. Unless court ordered and provided to the YMCA, the YMCA will share financial, developmental or any other programmatic information with custodial parents and/or legal guardians. I have received, read and agree to abide by: the program's childcare and financial policies and procedures.**

**My signature also indicates that I am either the custodial parent or legal guardian of the child applicant.**

(Parent/Legal Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Legal Guardian) Signature \_\_\_\_\_ Date \_\_\_\_\_

**VERY IMPORTANT**

**The Georgia Department of Human Resources now requires all childcare agencies to have a copy of Form 3231, Certificate of Immunization, on file. Please submit a copy of Form 3231 with your enrollment application. For school aged children, if you do not have a copy of the form at home, you can request a copy from your child's school. Form 3231 must be submitted upon enrollment.**

**Photograph/Videotape Release**

We would like permission to photograph and/or videotape participants in our childcare programs. Photo opportunities are essential to for our corporate partners and to generate continuous community involvement. The photos will also be used for creating bulletin boards and posters around your YMCA.

Pictures are used for YMCA purposes and may be shared to the public for publication.

I give permission for photos of my child, \_\_\_\_\_, to be used by the Arthur M. Blank Family Youth YMCA for publicity and promotional purposes.

I do not give the Arthur M. Blank Family Youth YMCA permission to take any photos of my child to be used by for publicity and promotional purposes.

\_\_\_\_\_  
Parent/ Legal Guardian signature

\_\_\_\_\_  
Date

**Authorization of Medication and Food Allergy Form**  
*Consent for Medication Administration and Record of Administration*

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns:

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I hereby request and give permission for the Arthur M. Blank Family Youth YMCA to administer to my child,  
\_\_\_\_\_, the following medication(s):  
(Child's full name)

\_\_\_\_\_  
RX # Medication Name

\_\_\_\_\_  
RX # Medication Name

\_\_\_\_\_  
RX # Medication Name

as prescribed by \_\_\_\_\_  
(Name of Physician or Health Care Professional)

**All medications must be accompanied by a physician's note on company's letterhead with complete address and contact information.**

The above named medication should be administered as follows:

Dosage \_\_\_\_\_, \_\_\_\_\_ time(s) a day

Dates to be administered: from \_\_\_\_\_ to \_\_\_\_\_

If your child is to be administered a liquid medication you MUST provide a medicine dispenser that is calibrated to your child's dosage.

**Note:** A medication log will be completed by YMCA staff describing dose, date & time given, refuse, spillage or reaction, if any.

**Food Allergies**

Food likes \_\_\_\_\_ Food dislikes \_\_\_\_\_

List the food(s) in which your child is restricted from eating:

Does your child have food allergies? \_\_\_ No \_\_\_ Yes **(If yes, must have a doctor's note on file)**

If yes, please list the foods your child is allergic to:

Any updated instructions regarding adding new foods or other dietary changes please list as needed

\_\_\_\_\_  
Parent/ Legal Guardian Signature & Date

\_\_\_\_\_  
Staff Signature & Date

**Arthur M. Blank Family Youth YMCA**  
**VEHICLE EMERGENCY & MEDICAL INFORMATION**

Please complete every question. The information on this form will be used to communicate with emergency personnel if your child is involved in an emergency away from the facility.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

Notify in case of emergency (if parents can't be reached):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical facility of family \_\_\_\_\_ Insurance Policy # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Current prescribed medicine \_\_\_\_\_

Child's special medical needs/conditions \_\_\_\_\_

In the event of an emergency involving my child, and if the Arthur M. Blank Family Youth YMCA Childcare Program cannot get in touch with me, I hereby authorize emergency medical care. I further agree to be fully responsible for all medical expenses incurred during treatment of my child.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Administrator Signature

\_\_\_\_\_  
Date