



Geneva Lakes YMCA Day Camp

2019 Registration, Health History, and Emergency Care Plan

One form per child

Child's Information

First Name _____ M.I. _____ Last Name _____ Gender M F

Birth date ___ / ___ / ___ Age (as of June 10, 2019) _____

Child resides with: Mother Father Both Other _____

Swim Ability: **Beginner Intermediate Advance** (All campers will still be swim tested.)

Parent/ Guardian Information – Both parents must be listed or use N/A if not applicable.

#1 Parent First & Last Name _____ Gender: M F

Birth date ___ / ___ / ___ E-Mail _____

Address - Home (Street, City, State, Zip) _____

Home Phone #: _____

Cell Phone #: _____ Work Phone #: _____

Where can we reach you while your child is at camp? _____

Daytime Address _____

#2 Parent First & Last Name _____ Gender: M F

Birth date ___ / ___ / ___ E-Mail _____

Address - Home (Street, City, State, Zip) _____

Home Phone #: _____

Cell Phone #: _____ Work Phone #: _____

Where can we reach you while your child is at camp? _____

Daytime Address _____

Emergency Contacts/ Others Authorized to Pick Child Up - Must put one other person other than parent or guardian.

#1 First Name: _____ Last Name: _____

Relationship to child: _____

Address- Home (Street, City, State, Zip) _____

Phone #'s: Home _____ Work _____ Cell _____

#2 First Name: _____ Last Name: _____

Relationship to child: _____

Address- Home (Street, City, State, Zip) _____

Phone #'s: Home _____ Work _____ Cell _____

**Medical and Behavior Questions to help us provide the best care to your child.
All information is confidential to Y staff.**

ALL lines MUST be filled out. If something does not apply, please use N/A

1. Has Your Child Had Any of the Following

- Asthma Autism Diabetes
- ADD/ADHD Epilepsy/Seizures
- Cerebral Palsy/Motor Disorder
- Cognitively or Learning Disabled
- NONE

Dietary Restrictions

Food/Milk Allergies

If child is allergic to milk, attach a statement from a medical professional indicating an acceptable alternative.

Gastrointestinal or feeding concerns, including special diet and supplement

Status of Vision, Hearing & Speech

Other Conditions requiring Special Care

Non-Food Allergies

2. Triggers that may cause any of the above problems (specify):

3. Signs or symptoms to watch for:

4. Steps the Camp Leader should follow:

5. Identify any staff to whom you gave specialized training/instructions:

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

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

8. Additional Information that may be helpful:

9. Emergency Numbers:

Physician Name: _____

Phone: _____

Location Address: _____

11. Is the child currently taking any medications?

- Yes No

If yes, what kind and why:

If medication needs to be administered during YMCA Day Camp, a Medication Permission Form MUST be completed.

12. Sunscreen/Insect Repellent if provided by a parent, each bottle must be labeled

I authorize the center to apply sunscreen to my child

I authorize the center to allow my child to self-apply sunscreen

My child may use any sunscreen provided by YMCA Day Camp (NO-AD SPF 30) if theirs runs out or is missing.

If no, will only allow my child to use the sunscreen provided by parent:

Brand Name _____ Strength _____

I authorize the center to apply insect repellent to my child

I authorize the center to allow my child to self-apply insect repellent

My child may use any insect repellent provided by YMCA Day Camp (OFF 25%Deet) if theirs runs out or is missing.

If no, I will only allow my child to use the repellent provided by parent:

Brand Name _____ Strength _____

Parent/Guardian Signature:

DAY CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO DAY CARE CENTER. State law requires all children in day care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the day care center.** These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (4) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.
 Yes year _____ (Vaccine is not required)
 No or Unsure (Vaccine is required)

REQUIREMENTS

STEP 3 The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at day care entrance. Children who reach a new age/grade level while attending this day care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³ 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³ 2 Varicella

¹If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).
²If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.
³MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).
⁴Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant (Note: a dose 4 days or less before the 4th birthday is also acceptable).

COMPLIANCE DATA AND WAIVERS

STEP 4 **IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the day care center), OR**
IF THE CHILD DOES NOT MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day care center).

Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the day care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the day care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.

For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)

Physician's Signature Required

For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

SIGNATURE

STEP 5 To the best of my knowledge this form is complete and accurate.

SIGNATURE - Parent, Guardian or Legal Custodian

Date Signed

AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS INSTRUCTIONS FOR USE

Use of form: This form is mandatory for family child care centers to comply with DCF 250.07(6)(f)1.a. Failure to comply may result in issuance of a noncompliance statement. This form is voluntary for group child care centers, day camps and certified providers; however, completion of this form meets the requirements of DCF 251.07(6)(f)1.a., DCF 252.44(6)(e)1.a. and DCF 202.08(4)(f) and 202.09(5)(c)., Wis. Admin. Codes. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: When a parent is requesting that the provider administer prescription or non-prescription medication to a child in care, this form shall be completed and signed by the parent or guardian before any medication is administered. A separate form shall be used for each medication. Place the form in child's file when medication is no longer required / authorized. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

CERTIFIED CHILD CARE CENTERS:

This form is voluntary for certified providers; however, completion of Page 1 *Medication Information and Authorization* and Page 2 *Documentation of Medication Administration – Certified Child Care Providers* meets the requirements of DCF 202.08(4)(f) and 202.09(5)(c)., Wis. Admin. Codes.

Have the child's parent or guardian complete and sign Page 1 *Medication Information and Authorization*. Record administration of the authorized medication in the spaces provided on Page 2 *Documentation of Medication Administration – Certified Child Care Providers*. Lines should not be skipped.

LICENSED FAMILY CHILD CARE CENTERS:

Page 1 *Medication Information and Authorization* is mandatory for family child care centers to comply with DCF 250.07(6)(f)1.a. Failure to comply may result in issuance of a noncompliance statement.

Have the child's parent or guardian complete and sign Page 1 *Medication Information and Authorization*.

Page 2 *Documentation of Medication Administration – Certified Child Care Providers*, is only for use by certified child care providers. It is not used by Family Child Care Centers because medication administration must be documented in the center medical log book on the day that the medication is administered.

Log the dates and times medication was administered in the center medical log book. Blanket authorizations that exceed the length of time specified on the label are prohibited; no medication intended for use by a child in the care of the center may be kept at the center without a current medication administration authorization from the parent. For more information, see the document *Directions for Use of Center Medication & Injury Log or Logs* available from the Child Care Information Center website as part of the Appendix J Resource List.

LICENSED GROUP CHILD CARE AND DAY CAMPS:

Page 1 *Medication Information and Authorization* is voluntary for group child care centers and day camps; however, completion of this form meets the requirements of DCF 251.07(6)(f)1.a. and DCF 252.44(6)(e)1.a., Wis. Admin. Codes.

Have the child's parent or guardian complete and sign Page 1 *Medication Information and Authorization*.

Page 2 *Documentation of Medication Administration – Certified Child Care Providers*, is only for use by certified child care providers. It is not used by Group Child Care Centers because medication administration must be documented in the center medical log book on the day that the medication is administered.

Log the dates and times medication was administered in the center medical log book. Blanket authorizations that exceed the length of time specified on the label are prohibited; no medication intended for use by a child in the care of the center may be kept at the center without a current medication administration authorization from the parent. For more information, see the document *Directions for Use of Center Medication & Injury Log or Logs* available from the Child Care Information Center website as part of the Appendix J Resource List.

**AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS
MEDICATION INFORMATION AND AUTHORIZATION**

A. FACILITY AND CHILD INFORMATION

Name – Child Care Center

Name – Child

Birthdate (mm/dd/yyyy)

B. MEDICATION INFORMATION: Medication shall be in the original container and labeled with the child's name. The label shall include dosage and directions for administration.

Name – Medication	Dosage	Time(s) of Day to be Administered	How to be Administered	Dates – Medication Time Period	
				From	To
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
		<input type="checkbox"/> AM <input type="checkbox"/> PM			

Yes No **Does the over-the-counter (OTC) medication label indicate the child's physician should be consulted?** If "Yes" I have consulted with my child's physician, and I am authorizing a dosage consistent with the physician's recommendation.

Name – OTC Medication

Parent Initials

Additional information / special instructions / contraindications – Specify.

C. AUTHORIZATION

I hereby authorize administration of the above medication to my child by staff of the child care center listed above.

SIGNATURE – Parent or Guardian

Date Signed

**AUTHORIZATION TO ADMINISTER MEDICATION – CHILD CARE CENTERS
DOCUMENTATION OF MEDICATION ADMINISTRATION – CERTIFIED CHILD CARE PROVIDERS**

Instructions: This section is to be completed only by **certified child care providers** to document the actual administration of the medication. Lines should not be skipped.

	Date Administered	Time Administered	Dosage	Signature / Initials of Person Who Administered the Medication
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
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27.				
28.				
29.				
30.				

ALTERNATE ARRIVAL / RELEASE AGREEMENT – CHILD CARE CENTERS

Use of form: This form is voluntary. However, this completed form, when on file in the child's record, meets the requirements of DCF 250.04(6)(a)3. and DCF 251.04(6)(a)5. and 251.095(4)(a)2. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Complete this form for placement in the child's file when the child will arrive at the center from school, home or other activities, or depart from the center to go to school, home or other activities, and the child will not be accompanied by a parent or other previously authorized person or transported by the center. This form should be updated as information changes. Periodic review with the parent / guardian is recommended to ensure safety. If the center transports the child, the department's form "Transportation Permission – Child Care Centers" may be used to obtain parental authorization.

ARRIVAL INSTRUCTIONS

My child _____
(Child's name)

will arrive at _____
(Name of center)

from _____
(School, home or other activity)

by way of _____
(Walking, bicycle, bus, car pool, etc. Be as specific as possible.)

at _____ A.M. OR P.M.
(Time of arrival)

on Sunday Monday Tuesday Wednesday Thursday Friday Saturday
(Days of the week)

My child will arrive from this destination with OR without center supervision.

RELEASE INSTRUCTIONS

My child _____
(Child's name)

will leave _____
(Name of center)

by way of _____
(Walking, bicycle, bus, car pool, etc. Be as specific as possible.)

to go to _____
(School, home or other activity)

at _____ A.M. OR P.M.
(Time of departure)

on Sunday Monday Tuesday Wednesday Thursday Friday Saturday
(Days of the week)

My child will travel to this destination with OR without center supervision.

ADDITIONAL INSTRUCTIONS

I understand that I am responsible for notifying the center of any changes in this schedule such as vacation, school conference days, etc.

SIGNATURE – Parent

Date Signed (mm/dd/yyyy)