



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer Camp 2019 Required Paperwork Checklist

Items below need to be completed and all forms are available at www.mcqawymca.org/youth-teens/childrens-center/summer-day-camps/

Please return all items by **April 26th** to keep your child's registration in good standing.

- Emergency Consent and Release (*must have at least 2 emergency contacts outside of the home*)
- Photo Release
- Developmental History
- Late Pick-Up Policy
- Food Allergy Action Plan (*if your child has an allergy that requires medicine*)

Summer Day Camp is a license exempt program, the facility and program is not licensed or regulated by DCFS. Each child's files must be complete before the child may attend camp. Thank you for your cooperation.

We will be offering paperwork check-in nights to ensure this process is an easy one. We'll have all the forms available and the files ready to be re-signed. Just a reminder that all of our camp paperwork is also available online at the McGaw YMCA Children's Center website.

For your convenience, we are offering the following paperwork check-in times:

Wednesday, April 3rd from 4:00 pm – 6:15 pm

Tuesday, April 9^h from 11:30 am – 12:30pm

Monday, April 15th from 4:00 pm – 6:15pm

Wednesday, April 24th from 4:00 pm – 6:15 pm



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CAMP PAYMENT DUE DATES

Full payment for each session is due on the dates listed below. After the due date, camp fees are not refundable. Please be aware that due to the high demand for summer camp enrollment, non-payment may result in cancellation of your child's registration.

- **Weeks 1 & 2** - **April 1, 2019**
- **Weeks 3 & 4** - **April 15, 2019**
- **Weeks 5 & 6** - **May 1, 2019**
- **Weeks 7 & 8** - **May 15, 2019**
- **Week 9** - **June 1, 2019**

Please note if you have signed up for an automatic draft from your checking account or credit card, your payments will be automatically deducted on the dates listed above.



EMERGENCY CONTACTS, CONSENT & RELEASE

Please list names, addresses, relationship and phone numbers of any persons you would like to have on your permanent list, who have your consent for the Center to release your child from our care into their custody. These people may also be called in emergencies, if the Center is not able to contact the legal guardians or caregivers or adults, residing in the household at the numbers given previously:

Please list the name and relationship of other adults living in your household (grandparent, nanny, etc.):

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____

You must completely fill out at least TWO Emergency Contacts and Authorized Pick Ups who do not live in your household. Anyone listed must have complete contact information.

Required Contacts

1. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____ Birth Date _____

2. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____ Birth Date _____

Additional Contacts

3. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____ Birth Date _____

4. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____ Birth Date _____

I authorize the McGaw YMCA Child Care Center to release my child to the person(s) listed above to act on my behalf in an emergency in the event that I cannot be reached. These persons will show staff proper identification with matching addresses before my child will be released. It is my responsibility to keep all information current.

Parent/Legal Guardian Signature _____
Date



MEDICAL CONSENT

I, the parent/legal guardian of _____ give consent to have my child receive first aid by Center staff. I understand that the center staff receives training in the basics of first aid and CPR. I authorize the McGaw YMCA Child Care Center to secure emergency medical treatment for my child. I give consent for those listed as pick-up and emergency contacts to act on my behalf until I am available. I accept responsibility for any and all expenses incurred in securing emergency medical treatment for my child.

I authorize the McGaw YMCA Child Care Center, and its staff and agents, to administer medication (over the counter and prescribed) to my child as specified in the physician’s written instructions or instructions on packaging. The McGaw YMCA Child Care Center has my permission to apply any topical ointment, such as diaper ointment, sunscreen, lip balm, lotion, insect repellent, etc.

Parent/Legal Guardian
Signature _____ Date _____

CONSENT FORMS: Initial & sign in the spaces below to indicate your acknowledgement and acceptance of the outlined terms and conditions.

____ I authorize the McGaw YMCA Children’s Center, its staff, and agents, to take my child on walking trips, excursions, and field trips. I also give permission for my child to be transported in a school bus contracted by McGaw YMCA, or as a passenger in any vehicle owned or leased by the McGaw YMCA. I am responsible for communicating with the McGaw YMCA Children’s Center before the designated time if my child will not attend that day.

____ I give permission for my child to participate in physical activities such as gym and swimming. I understand that physical activities are a regular part of the program my child attends.

____ I have read the Parent Handbook and agree to abide by the policies and regulations therein including the Guidance and Discipline policies. The Parent Handbook is located online and in your child’s classroom.

____ I authorize the McGaw YMCA Children’s Center to send electronic information through the email and cell phone provided.

Parent/Legal Guardian
Signature _____ Date _____

Each year your child attends our programs; the information on this form must be reviewed for accuracy.

Signature lines provided below are designated for annual reviews of this form.

I have reviewed the information on this form and verify all information is still accurate:

Parent/Legal Guardian Signature Date (2020/2021)

Parent/Legal Guardian Signature Date (2021/2022)

Parent/Legal Guardian Signature Date (2022/2023)



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PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;
- YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Signature: _____

Date: _____

Printed Name: _____

Age: _____

Address: _____

I am the Mother/Father/Legal Guardian of (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

YMCA OF THE USA

101 N Wacker Drive, Chicago IL 60606

P 800 872 9622 F 312 977 9063 ymca.net



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School Age Developmental History

In an effort to help us know and understand your child, we ask that you complete this form. It is important that you answer all of the questions. Staff that will be working directly with your child will be reviewing this information.

Child's Full Name _____ Nickname _____

Date of Birth _____ Age _____ Grade in the Fall _____ School in the Fall _____

Child resides with: Both parents Mother Father Other _____

Family members in household: _____

My child identifies as (optional):

Male

Female

Child's Development and Personality

What are your child's favorite activities?

Please describe your child's temperament, personality, needs, abilities, etc.

What are your child's strengths and challenges?

How does your child handle transitions from one activity/place to another? What have you found that works to ease these transitions?

Describe your child's ability to create and sustain relationships with adults and children.

How does your child show emotions of anger, being scared, tense, or uncomfortable? How do you comfort him/her in these instances?

In general how do you handle discipline?

Do you have any suggestions for our staff, which may help your child be successful?

Are there any home factors that might help us better support your child?

Consider changes such as recent move, births, illnesses, divorce, separation, or any unusual circumstances.

Medical History

Does your child have Asthma or another chronic condition? Yes No If YES, please explain and give any pertinent information.

Does he/she have any allergies or sensitivities? Yes No If YES, please explain and give any pertinent information

Does your child have any food allergies? Yes No If exposed, what does the reaction look like?

Does your child take any medications regularly? Yes No

If YES, please list medications. To administer, we must have a signed medical consent forms and doctor's prescription. For more information, please read information regarding medications in the Parent Handbook.

Does your child wear any appliances? (glasses, contacts, mouth guard, etc.)

Does your child have fair skin or burn easily? Please include any special notes regarding sunscreen/bug spray application.

Experiences

What water or swimming experiences does your child have? For example: beach, pool, lake, water park

Please check your child's swimming ability:

- NON-SWIMMER (my child cannot swim)
- SOME SWIMMING ABILITIES (my child can swim, but is not advanced)
- ADVANCED SWIMMER (my child is a proficient swimmer)

How comfortable is your child in the water?

What do you want your child to gain from his or her experience in the School Age program?

Please circle all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Make new friends | <input type="checkbox"/> A structured homework time | <input type="checkbox"/> Learn new skills |
| <input type="checkbox"/> Gain a sense of belonging | <input type="checkbox"/> Experience new things | <input type="checkbox"/> Learn to swim |
| <input type="checkbox"/> Higher self-esteem | <input type="checkbox"/> Become more outgoing | <input type="checkbox"/> Have a lot of fun |
| <input type="checkbox"/> Opportunity for creativity | <input type="checkbox"/> Learn the core values of the YMCA, caring, honesty, respect & responsibility. | <input type="checkbox"/> Learn to get along better with other children |
| <input type="checkbox"/> Good adult role models | | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Become less shy | | |

If you have any other information that you would like to share with us about your child, please feel free to use this space or attach additional documents.

I have reviewed the information on this form and verify all information is accurate:

Parent/Legal Guardian Signature

Date (2019/2020)

Parent/Legal Guardian Signature

Date



Late Pick-up Policy

Parents of participants enrolled in **McGaw YMCA Children's Center Programs** will be charged **\$1.00 per minute / family** based on the **program pick-up times** listed below:

- **Part Day Preschool 12:00pm**
 - **Explorers Program 2:00pm**
 - **Full Day Programs and School's Out 6:15 pm**
 - **Day Camp and Summer Learning – 6:00pm**
- If you know you are going to be late please notify the center so we can let your child and the teachers know. **Late fee will still be charged.**
 - If a parent or authorized pick-up person does not arrive or call by 5 minutes past the designated pick-up up time, staff will assume an emergency exists and will begin to call emergency contacts for your child.
 - If no emergency contact can be reached within 1-hour past designated pick-up time, staff may contact the Evanston Police Department who will pick up the child.
 - **Late fees must be paid within 5 business days of the late pick up date.**
 - Failure to pay late pick-up fees can be cause for the child's suspension or termination from the program.
 - Continued disregard for the pick-up times can result in suspension or termination form the program.

It is very important to have updated contact information in your child's file at all times. Any child who is not picked up will be under the supervision of an assigned teacher/administrator until the parent, emergency contact, or the authorities arrive. All information about the incident will be discussed directly with the parent or guardian and never with the child.

Child(ren)'s Name(s): _____

Parent/Guardian Signature: _____	Date: _____
Updated Signature: _____	Date: _____
Updated Signature: _____	Date: _____

Food Allergy Action Plan

Name: _____ D.O.B.: ____ / ____ / ____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

Place
Student's
Picture
Here

Extremely reactive to the following foods: _____

THEREFORE:

- If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.
- If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

- LUNG: Short of breath, wheeze, repetitive cough
- HEART: Pale, blue, faint, weak pulse, dizzy, confused
- THROAT: Tight, hoarse, trouble breathing/swallowing
- MOUTH: Obstructive swelling (tongue and/or lips)
- SKIN: Many hives over body

Or combination of symptoms from different body areas:

- SKIN: Hives, itchy rashes, swelling (e.g., eyes, lips)
- GUT: Vomiting, crampy pain



1. INJECT EPINEPHRINE IMMEDIATELY

2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
 - Antihistamine
 - Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

- MOUTH: Itchy mouth
- SKIN: A few hives around mouth/face, mild itch
- GUT: Mild nausea/discomfort



1. GIVE ANTIHISTAMINE

2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

Parent/Guardian Signature _____

Date _____

Physician/Healthcare Provider Signature _____

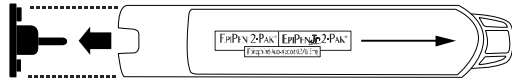
Date _____

TURN FORM OVER

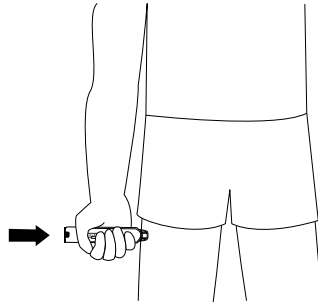
Form provided courtesy of FAAN (www.foodallergy.org) 7/2010

EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap



- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds



DEY® and the Dey logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, L.P.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



Remove caps labeled "1" and "2."

Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION: If symptoms don't improve after 10 minutes, administer second dose:

Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.

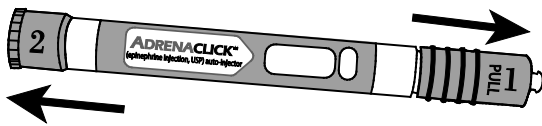


Slide yellow collar off plunger.

Put needle into thigh through skin, push plunger down all the way, and remove.



Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



Remove GREY caps labeled "1" and "2."



Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Contacts

Call 911 (Rescue squad: () -) Doctor: _____
 Parent/Guardian: _____

Phone: () - _____
 Phone: () - _____

Other Emergency Contacts

Name/Relationship: _____
 Name/Relationship: _____

Phone: () - _____
 Phone: () - _____

