

**YMCA VIRTUAL LEARNING SUPPORT
PROGRAM**



**220 26th St - Fort Madison, IA - 52627
(319)372-2403
www.fortmadisony.org**

PARENT-STAFF CONFIDENTIAL INFORMATION

Child's Name _____ Age _____ DOB: _____

School Attending: _____ Grade: _____ Group: A B

Address: _____ Zip _____ Phone _____

Father's Name: _____ Phone # _____

Mother's Name _____ Phone # _____

Email Address: _____

More information about your child/children

What activities do your child/children like to participate in?

What activities do your child/children like least?

AUTHORIZATION FOR PICK-UP

Child's Full Name _____

Mother's Name _____ Day Phone _____

Father's Name _____ Day Phone _____

Mother's cell phone _____ Father's Cell phone _____

I hereby give permission for my child to leave YMCA Virtual Learning Program with the following persons named below. It is my responsibility to notify the Fort Madison YMCA in writing of any changes.

Name _____ Relationship to child _____

Address _____ City _____

Telephone _____ Work Phone _____

Name _____ Relationship to child _____

Address _____ City _____

Telephone _____ Work Phone _____

Signature of Parent or Guardian _____ Date _____

If there is a separation, divorce or custody problem that we should be aware of, please explain:

IF YOU CHOOSE TO INCLUDE THE NAME OF A PARENT OR GUARDIAN THAT IS NOT ALLOWED TO PICK UP YOUR CHILD/CHILDREN, YOU MUST INCLUDE LEGAL PAPERWORK STATING THAT THEY ARE NOT ALLOWED TO PICK UP.

COMMENTS:

PARENTAL EMERGENCY MEDICAL CONSENT

In the event that my child, _____ Date of Birth _____ Age _____, requires medical or surgical care while I am unable to be reached, I hereby give my consent for medical or surgical treatment to the YMCA Virtual Learning Program Staff of the Fort Madison YMCA and Physician _____, or his or her designee to provide this care. I agree to pay all the costs and fees contingent on any emergency medical care or treatment for my child as secured or authorized under this consent.

Parent or legal guardian:

Address _____
Telephone _____ Work Phone _____

Doctor's Name _____
Doctor's Address of Location: _____
Telephone #: _____

Child's Social Security Number (in case of an emergency): _____

Present medication(s)

Known Allergies

Date of last Tetanus:

Child's Current Weight:

Emergency names and numbers (other than parent/guardian):

Parent/Guardian signature: _____ Date _____

Medication/Allergy Information

Signs and /or symptom(s) to watch for:

Medications: _____

Dose:

How is it given:

When is it given:

Possible side effects:

Temporary program adaptations:

When to call parent/health provided regarding symptoms or failure to respond to treatment:

When to consider that the condition requires urgent care or reassessment:

Primary Doctor: _____ Phone # _____

Doctor's Address:

Hospital of preference:

Hospital address:

Parent or Guardian's Signature: _____ Date _____

An important message for parents:

Iowa law requires that hospitals and physicians have the consent of a parent or legal guardian before treating minor children. This law applies in all except life-threatening situations.

The consent for below is legally valid for treatment. It is meant to be completed fully, signed by parent or guardian and discussed with baby-sitters, relative, neighbors, or anyone else who would be caring for your children in your absence. In the event of an emergency this form would be brought with the child to the Fort Madison Community Hospital.

PERMISSION FOR EMERGENCY CARE IN PARENTAL OR GUARDIAN ABSENCE

In the event that my child may require emergency treatment or admission while I am unavailable or out of the city, I hereby give my permission to the Fort Madison Community Hospital to provide this care on the authorization of the following relative or care giver.

Name	Phone Number	Relationship to Child
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For the following child:

Child's name	Age	Birthdate
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Known Allergies

Date of Last Tetanus

Child's Physician

Present Medications:

Person responsible for bill:

Employer Name:

Name of Insurance Company and Policy Number:

PARENT MANUAL POLICY AGREEMENT

I HAVE RECEIVED, READ AND UNDERSTAND THE YMCA SUMMERCER CAMP PARENT HANDBOOK. MY CHILD, _____ AND I AGREE TO ABIDE BY THE POLICIES LISTED.

SIGNATURE OF PARENT OR GUARDIAN

Date

UNDER THE INFLUENCE STATEMENT

*****WE RESERVE THE RIGHT TO RETAIN A CHILD FOR THEIR SAFETY IF THE PERSON WHO IS PICKING THEM UP APPEARS TO BE UNDER THE INFLUENCE OF ANY SUBSTANCE WHICH COULD IMPAIR THEIR ABILITY TO SAFELY TRANSPORT OR CARE FOR THE CHILD, THEREFORE ENDANGERING THEIR HEALTH AND WELL BEING*****

Signature of parent or guardian: _____ Date _____

TRAVEL/ACTIVITY/WAIVER AUTHORIZATION

I do give my permission for my child _____ to leave the YMCA Virtual Learning Centers for trips, in the contracted Fort Madison Community School bus, or to walk with the group to close by destinations. I understand that I will be notified for each such activity.

Parent/guardian signature

Date

Waiver of Liability and Promotion:

Participation Agreement: I agree to my child's participation in the YMCA Virtual Learning Program, and that she/he will comply with all the rules and regulations. I further agree that I will not hold the Fort Madison YMCA its sponsors or staff responsible in case of accident or injury. I fully understand that no accident insurance is provided and that I am responsible for such coverage if so desired. I, as legal guardian or parent, hereby consent to the participation of the applicant in the YMCA Virtual Learning Program under mentioned conditions. I give my consent for the applicant to be photographed, videotaped or filmed while participating in any activity and for the resulting photos, etc, to be used by the YMCA for educational and promotional purposes.

I have read, understand and agree to the above waiver.

Signature of Parent/Guardian

Date

YMCA Virtual Learning Payment Information

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

YMCA Member: YES NO

YMCA Member Fee Per Week: \$60

YMCA Non-Member Fee Per Week: \$70

Amount Paid Today: \$_____ Today's Date: _____

Payment Due Dates:

September 4, 2020 Amount Paid Today: \$_____ Today's Date: _____

September 11, 2020 Amount Paid Today: \$_____ Today's Date: _____

September 18, 2020 Amount Paid Today: \$_____ Today's Date: _____

September 25, 2020 Amount Paid Today: \$_____ Today's Date: _____

October 2, 2020 Amount Paid Today: \$_____ Today's Date: _____

October 9, 2020 Amount Paid Today: \$_____ Today's Date: _____

October 16, 2020 Amount Paid Today: \$_____ Today's Date: _____

October 23, 2020 Amount Paid Today: \$_____ Today's Date: _____

October 30, 2020 Amount Paid Today: \$_____ Today's Date: _____

November 6, 2020 Amount Paid Today: \$_____ Today's Date: _____

November 13, 2020 Amount Paid Today: \$_____ Today's Date: _____

November 20, 2020 Amount Paid Today: \$_____ Today's Date: _____

November 27, 2020 Amount Paid Today: \$_____ Today's Date: _____