

YMCA of Bucks County - EMERGENCY CONTACT/CONSENT FORM

This form should always be readily available and travel with the child in the event of a medical emergency.

Child's Name	Birthdate	Gender
Address		School District
Legal Guardian #1 Name (Authorized to Pick-up)	Best Phone Number	
Home Address	Email Address	
Place of Employment	Work Telephone Number	
Employment Address		
Legal Guardian #2 Name (Authorized to Pick-up)	Best Phone Number	
Home Address	Email Address	
Place of Employment	Work Telephone Number	
Employment Address		

Emergency Contacts - Names and phone numbers of persons to be contacted in the event a legal guardian is not available. Your child will only be released to the guardian's listed at the top of the sheet and those authorized as a pick-up person below. A Photo ID is required.

Emergency Contact Person # 1 Name	Relationship to Child:	Phone Number
Home Address		
Emergency Contact Person # 2 Name	Relationship to Child:	Phone Number
Home Address		
Emergency Contact Person # 3 Name	Relationship to Child:	Phone Number
Home Address		

Medical Information - All boxes must be completed; write N/A if not applicable.

List ALL allergies that your child has:	Does your child use an Epi-Pen?
List any special conditions, disabilities, or medical issues your child has:	Does your child use an inhaler?
List any medication your child takes daily, including the name of the medication, the dosage amount, time of day taken, how often, and reason for taking each medication.	
Name of Child's Physician/Medical Care provider	Phone Number
Address of Practice	
Health Insurance Coverage for child	Policy Number

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Child's Name	Primary Guardian's Name
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By initialing below, the guardian has provided consent for the YMCA of Bucks County to provide the following. Consent is required for items listed with an asterisk (*).

_____ Obtaining Emergency Medical Care*	_____ Administration of Minor First Aid*
_____ Short Walks	_____ Trips (Only when advanced notice is provided)
_____ Emergency Transportation by the Facility* (Utilized for emergency relocation)	_____ Transportation by the Facility for School-Age Child Care & Trips
_____ Participation in Swimming (Children 3+ only)	_____ Participation in Wading (play in shallow water)
_____ Administration of Non-Prescription Medications (A separate medication form is required for each medication)	_____ Administration of Prescription Medications (A separate medication form is required for each medication)
_____ Administration of facility generic sunscreen _____ Administration of family provided sunscreen	_____ Administration of facility generic Deet-Free Insect Repellent _____ Administration of family provided Deet-Free Insect Repellent

Per DHS regulations, every six (6) months the legal guardian must reaffirm that all emergency contact information is up to date on page one (1) of this form and acknowledge that they continue to provide the permissions on page two (2). The legal guardian is responsible for updating these pages immediately, if any changes are to occur.

Legal Guardian's Printed Name:	Legal Guardian's Signature	Initial Date
Legal Guardian's Printed Name:	Legal Guardian's Signature	Review Date
Legal Guardian's Printed Name:	Legal Guardian's Signature	Review Date
Legal Guardian's Printed Name:	Legal Guardian's Signature	Review Date
Legal Guardian's Printed Name:	Legal Guardian's Signature	Review Date
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AGREEMENT

55 PA CODE CHAPTERS 3270.123 & 181(C); 3280.123 & 181(c); 3290.123 & 181(c)

NAME OF CHILD		
FEE AMOUNT \$	PER DAY-WEEK-MONTH Monthly	DAY PAYMENT TO BE MADE: The First of the Month
Services to be provided as part of the daycare fee (examples: transportation, care meals, etc.)		
Care of child		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY THE GUARDIAN TO WHOM CHILD MAY BE RELEASED
LATE FEE \$1.00	PER MIN-HOUR minute	
Extra services to be provided at an additional fee, if applicable:		
Field Trips		

I, the parent/guardian;

- Received complete written program information at the time of enrollment (§ 3270.121, 3280.121, 3290.121)

- Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at minimum (§ 3270.121, 3280.121, 3290.121)

SIGNATURE-PARENT OR GUARDIAN DATE

SIGNATURE-OPERATOR DATE

DATE OF CHILD'S ADMISSION
DATE OF CHILD'S WITHDRAWAL

6 MONTH REVIEW	
_____ SIGNATURE-PARENT OR GUARDIAN	_____ DATE



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

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

My Consent. 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), and/or YMCA of Bucks County, I give my consent, now and for all time, to YMCA of the USA, YMCA of Bucks County and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent gives permission to use the above materials for publication, display, sale or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever. I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. I may, or may not be, identified in such reproductions; however, my name will not be used to endorse any particular commercial products or commercial services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All uses shall belong to YMCA of the USA and YMCA of Bucks County, and either may share them with others;
- There is no obligation of confidentiality
- YMCA of the USA, YMCA of Bucks County, and collaborating third parties will not be liable for any use or disclosure to a third party
- YMCA of the USA and YMCA of Bucks County shall exclusively own all known or later existing rights to the uses worldwide.
- YMCA of the USA and YMCA of Bucks County can use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose and without compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge YMCA of the USA, YMCA of Bucks County, their related parties and those they have given permission to use the above, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, the use, or the shared use of the above materials.

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

_____ Unrestricted Usage (Photographs/videos may be posted in the classroom, on our parent app, social media, and used by the organization for promotional material. An additional waiver will need to be signed.)

_____ In-house use only (Photographs/videos may be posted in the classroom and on the parent app)

_____ You do not have permission to photograph/video my child (No videos/photographs will be taken of your child and photographs of your child will not be displayed in the classroom.)

Child’s Name: _____

Guardian’s Signature: _____ Date: _____

Guardian’s Printed Name: _____

Address: _____



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Financial Terms and Conditions:

1. A non-refundable registration fee of \$50/child, \$75/family must be made upon registration.
2. I understand that tuition is due the first of the month. Payments made after the due date will include a \$5 late fee charge.
3. I understand that there will be a \$1.00 per minute per child late fee for children not picked up by my child's scheduled pickup time. Habitual lateness may result in disenrollment from the program.
4. I understand that the Y will not pro-rate for days children are off from care such as: holidays, personal vacations, and closures due to Acts of God. Fees for children are to be paid whether the child is in attendance, out sick, or on vacation.
5. If I am on ELRC (formally CCIS/Apple) subsidy:
 - a. I am responsible to remain within the allotted 40 days of absences approved by ELRC.
 - b. I am further responsible for payment for any care outside of the allotted 40 absences approved by ELRC.
 - c. I will be charged full price for any days I bring my child which are not approved by ELRC for subsidy. (Example: ELRC will pay for M-W-F, but parent/guardian drops child off on Thursday.)
6. I understand that refund requests due to serious illness will be considered on a case by case base basis and require a note from a physician within 1-week post illness.
7. I understand that I will incur a \$30 fee for any returned bank drafts.
8. Draft is the required method of payment. A Credit card or bank draft must be place on file.
9. I acknowledge that the most up to date version of that the Parent Handbook is available online at www.ymcabucks.org and I agree to abide by the all terms and conditions set forth within the handbook.
10. I agree that the YMCA shall not be responsible for any personal injuries or losses sustained by my child while on any YMCA premises or as a result of any YMCA sponsored activities. I further agree to indemnify and save harmless the YMCA for any claims or demands arising out of any such injuries or losses.
11. Payments will be drafted from my account on the due date for each month that my child is registered for. I will be responsible for all payments from my account and will notify YMCA OF BUCKS COUNTY of any changes to my account. Should any draft not be honored by my bank for any reason, I realize that I am still responsible for that payment, plus subject to any late or overdraft charges applied by the YMCA OF BUCKS COUNTY. The current return draft fee is \$30.00. This is in addition to any service fee my bank may charge.
12. I understand that if I do not pay in-full for care by the payment due date, that I hereby give authority to YMCA OF BUCKS COUNTY to use the credit card or bank draft on file to charge me for any fees that are currently due.

Child's Name: _____

Guardian's Signature: _____ Date: _____

Guardian's Printed Name: _____



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Guardian Statement of Understanding:

The following information is important for the safety and protection of your child:

- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child including older siblings or other relatives must be listed with the YMCA. Any other arrangements must be made by calling the YMCA office to inform them of a change.
- I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.
- No care changes may be made mid-month.
- I understand that I am not to leave my young child or children at the YMCA or program site unless a YMCA staff or volunteer is there to receive and supervise my child.
- I understand children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and I should report this to a supervisor if they do.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience.
- I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that if my child brings medication to care (including inhalers), that I must sign it in with the office or site supervisor.
- I understand that my child may be dismissed from the program if his/her actions are contrary to the core values of the YMCA. No refunds or credits will be given.
- I understand I will not use social media as a platform to express any potential frustrations and/or concerns regarding care; instead, I will collaborate with leadership in working towards a positive solution.
- I have received a copy of the YMCA Parent Handbook and will keep it for future reference.

WAIVER AND RELEASE

In consideration of my/our participation in the activities of the YMCA OF BUCKS COUNTY, I/we do hereby hold free from any liability YMCA OF BUCKS COUNTY, it's directors, officers, employees and members, including but not limited to its (or their) own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/we may have or which may hereafter accrue to me/us arising from my/our use of or connected with my/our participation in any of the activities of YMCA OF BUCKS COUNTY it's facilities, equipment or program activities.

Child's Name: _____

Guardian's Signature: _____ Date: _____

Guardian's Printed Name: _____



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Camp and Child Care 2020
Release & Waiver of Liability and Indemnity Agreement

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING YMCA OF BUCKS COUNTY FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Understanding of Information

I acknowledge and agree to comply with the [Summer Camp Safety Protocols](#) and/or the [Child Care Safety Protocols](#) (based on my child’s enrollment) as shared on the website of YMCA of Bucks County. I also acknowledge and agree to comply with the [Child Care and Camp Safe Reopening Handbook](#); also shared on the website of YMCA of Bucks County.

Assumption of Risk

I acknowledge and agree that any use of YMCA of Bucks County facilities, services, equipment and premises (“Facilities”) and any participation in YMCA of Bucks County programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs I, the undersigned, agree that YMCA of Bucks County, its officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, diseases or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

Child’s Name: _____

Guardian’s Signature: _____ Date: _____

Guardian’s Printed Name: _____

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME: YMCA of Bucks County		
FACILITY PHONE: c "- (- "" (\$\$	COUNTY: Bucks	WORK PHONE:
<input checked="" type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.	
	VISION (subjective until age 3)	
	HEARING (subjective until age 4)	
	LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.