



All information is required. If an item is not applicable to your child, please write "None" or "N/A".

EMERGENCY CONTACT PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182, 3280.124(a)(b), 3280.181 & 182, 3290.124(a)(b), 3290.181 & 182

CHILD'S NAME		BIRTH DATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTIONS)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE



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CHILD CARE SERVICES AGREEMENT

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

Please leave this form blank. You will go over the terms of your agreement with the Child Care Director before your child's start date.

NAME OF CHILD			
FEE AMOUNT \$33		PER-DAY WEEK Daily	
DAY PAYMENT TO BE MADE Daily			
Services to be provided as part of the child care fee: Lunch, Snack snack.			
\$25 Annual Registration Fee per child			
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED: Listed on Emergency Contact Form	
LATE FEE \$5 charge at 6:05 p.m.	PER MIN-HR After 6:05, a \$10 fee will be charged every five minutes.		
<p>I, THE PARENT/GUARDIAN;</p> <p><input type="checkbox"/> RECEIVED COMPLETE WRITTEN PROGRAM INFORMATION AT THE TIME OF ENROLLMENT (PA DPW Code 3270.121, 3290.121, 3290.121)</p> <p><input type="checkbox"/> AGREE TO UPDATE THIS EMERGENCY CONTACT/PARENTAL CONSENT FORM INFORMATION WHENEVER CHANGES OCCUR OR EVERY 6 MONTHS AT A MINIMUM. (PA DPW Code 3270.124, 3280.124, 3290.124)</p>			
SIGNATURE - OPERATOR		DATE	SIGNATURE - PARENT OR GUARDIAN
			DATE
DATE OF CHILD'S ADMISSION	PERIODIC REVIEW – sign every 6 months		
	SIGNATURE - PARENT OR GUARDIAN		DATE
DATE OF WITHDRAWAL			
	SIGNATURE – PARENT OR GUARDIAN		DATE

This form must be completed by your child's physician and returned to us within 30 days of your child's enrollment date.

CHILD HEALTH REPORT
(55 PA CODE ss3270.131, 3280.131 and 290.131)

Child's Name: (Last) _____ (First) _____		Parent/Guardian: _____			
Date of Birth: _____	Home Phone: _____	Address: _____			
Child Care Facility Name: Beaver County YMCA					
Facility Phone: 724-891-8439	County: Beaver	Work Phone: _____			
<input 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.					
Parents Signature: <div style="text-align: center;">Do not omit any information</div> This form must be completed 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): <input type="checkbox"/> 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. <input type="checkbox"/> None					
Child's Allergies (describe, if any): <input type="checkbox"/> None					
List any health problems or special needs and recommended treatment/services. Attach additional sheet 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. <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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	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:	



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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 Beaver County Young Men's Christian Association, I hereby give my permission and consent, now and for all time, to the Beaver County YMCA 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, 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 the Beaver County YMCA 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 the Beaver County YMCA and collaborating third parties;
- Beaver County YMCA 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
- Beaver County YMCA 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 Beaver County YMCA 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 (_____). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____



Summer Camp 2020 Permission Slip

Child's Name: _____

Child's DOB: _____ Date: _____

Parent's Name: _____

Parent's Signature: _____

Please check all that apply:

-
- I give permission for my child to use hand sanitizer as needed in accordance with state guidelines.

-
- I give my child permission to apply sunscreen as needed for outdoor activities.

*(Sunscreen should be brought to camp daily in Camper's backpack. It must be in the original bottle, must not be expired, and must be labeled with child's first **AND** last name. No aerosol sunscreen is allowed at camp; pump action sunscreen is permitted.)*

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- I give my permission for my child to participate in YMCA Programs during care.

(This is not a field trip permission slip. Your child will remain on YMCA property if you check this box.)