

# 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

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

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

## Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

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

### Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of YMCA of Greensburg facilities, services, equipment and premises ("Facilities") and any participation in YMCA of Greensburg 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 including, without limitation, COVID-19. I voluntarily, for myself and Minor, 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 Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that YMCA of Greensburg, 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 Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and 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, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, 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 Minor, myself, 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, disease 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, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor 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.

\_\_\_\_\_  
Minor Name (Print Clearly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name (Print Clearly)



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Summer Camp- "Getting to Know You" Questionnaire**

Child's Name: \_\_\_\_\_ Grade entering this fall: \_\_\_\_\_

**Questions About Summer Camp:**

What are your expectations of our program?

Do you have any questions about the program, curriculum, facility, or YMCA parent handbook?

Are there any ways that we can improve communication with you about your child's experience?

**Questions About Family:**

Tell us about your household. (Neighborhood, who lives in the home, names, and relationship to your child.)

- o Does your child have any siblings? (Names and ages, please!)

Does your child have any parents that do not live in the home?

- o Does your child visit this parent?
- o You must provide us with a copy of any custody documents. Thank you in advance.

Does your child respond to any nicknames? If so, what are they?

Is there any information about your family's cultures, ethnicity, language, or religion that is important for us to know?

Is there any other information about your family dynamic that you would like to share?

Child's Name: \_\_\_\_\_ Grade entering this fall: \_\_\_\_\_

**Questions About Your Child:**

Does your child have any special talents or interests that you would like to share with us?

Does your child have any fears that we should be aware of?

Are there any special needs or considerations that we need to be aware of? (Medical, Developmental, Social/Emotional)

- a. Do any of these needs require special attention by our staff?
  
- b. Does your child have an IEP or IFSP? If so, please provide us a copy so that we can provide the best possible learning experience for your child.
  
- c. What programs or individuals work with your child in regards to their particular needs? Please sign a release of information with them so that they can speak to the staff about how to provide enhanced support to your child.

Does your child have any allergies? (Food, environmental, or medicinal)

Does your child follow any dietary restrictions? (Ex. No meat, No dairy)

Does your child have any special medical information the staff should be aware of in case of an emergency situation? (Specific medication to take in route, specific person to call, etc.)



**YMCA SUMMER ADVENTURE CAMP**  
**"Outdoor Activities" Questionnaire Sheet**

Child's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**Child's Exposure to Swimming**

1. Has your child ever been exposed to swimming?    D Yes    D No
2. Does he/she mind getting their face wet?            D Yes    D No
3. Can your child float?                                        D Yes    D No
4. Does your child jump into the water?                 Yes    D No
5. Has your child taken swim lessons at the YMCA?    D Yes    D No  
    If so, when? \_\_\_\_\_
6. How does your child feel about water?
  
7. Are there circumstances of which we should be made aware?  
    Please explain.

**Outdoor Activity Preferences**

1. What are some outdoor activities, games, or sports that your child enjoys playing?
  
2. Are there any particular activities or games that your child may be hesitant to participate in? If so, which activities and why?
  
3. Are there any circumstances of which we should be made aware, in regard to outdoor and group play? Please explain.

**Parent/Guardian Permission to Apply Sunscreen**

YMCA child care participants spend a great deal of time outdoors and are thereby exposed to the harmful rays of the sun. As a YMCA program, we are committed to promoting healthy spirit, mind, and body for all, and have therefore established the following policies and procedures:

- All staff members and program participants wear sunscreen with a minimum of SPF 15 on exposed skin (including lips) each day, regardless of sky conditions.
- Parent/Guardian will apply the first layer of sunscreen to child(ren) prior to morning arrival.
- Parent/Guardian will provide adequate amounts of sunscreen for reapplication throughout the remainder of the day. Parent/Guardian will supply sunscreen in the original container, with lid; one container per child, labeled with the child's name.
- Staff will ensure time for thorough reapplications after one hour in the water/two hours of other outdoor activities, and any other occasion, as needed. Please note, school age children will apply their own sunscreen with assistance from staff.
- Some children may demonstrate the following characteristics: fair skin, freckles or numerous moles; blonde, red, or light brown hair; blue, green, or gray eyes; tendency to burn easily or tan little/not at all. In these cases, the staff recommends an extra T-shirt for swimming/water play for added protection.

Please note that these standards are established to protect your child. YMCA child care staff members are trained on these policies and understand their responsibilities and consequences for failure. Check whichever one of the first two boxes applies to your child, and then check the last box to verify that you understand and comply with the policy stated above.

- Please do not apply sunscreen to my child's skin.
- My child has no known allergies/adverse reactions to sunscreen. Please apply the provided sunscreen.
- I verify that I have read and understood the above guidelines, and agree, for the protection of my child, to comply with the YMCA Child Care Sunscreen Policy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## GREENBURG YMCA CHILD CARE BEHAVIOR MODIFICATION POLICY

All efforts will be made to guide children to appropriate behavior. The YMCA believes that punishment is unnecessary but DISCIPLINE is needed to help children gain self-control. Respect for your child will be demonstrated at all times. The same respect will be expected from your child for his/her peers and the YMCA staff at all times. When disciplinary action is necessary, age-appropriate methods will be implemented. The Department of Human Services behavior regulations are as follows:

- A facility person may not use any form of physical punishment, including spanking of a child. A facility person may not single out the child for ridicule, threaten harm to the child or the child's family and may not specifically aim to degrade the child or the child's family.
- A facility person may not use harsh, demeaning or abusive language in the presence of children and will never force or withhold food, nor force or withhold naps as a means of discipline and toileting accidents will not be disciplined.

There are clear and appropriate behavioral expectations for the children in our care. We try to set limits, help children understand rules and give clear definitions of acceptable and unacceptable behavior. Children are more likely to follow rules that have been introduced from the beginning. Some rules that we like to see are:

- We find out what the problem is.
- We listen to each other.
- We are responsible for what we say and do.
- We use appropriate language at all times.
- We attack the problem, not the person.
- We care about each other's space and feelings.
- We respect each other and ourselves.
- We use words, not fists, to solve problems.

A system of cool down/redirection and suggestions from parents on what they have discovered works well at home will be used. Logical and natural consequences will be allowed when applicable. On occasion, our staff will identify behaviors that require disciplinary actions. If a child should exhibit an inappropriate behavior while under the supervision of a YMCA staff person, the following sequence of actions will be taken:

- The behavior will first be addressed by the staff person with the child in private.
- If the inappropriate behavior continues, the staff person will notify their supervisor and the situation will then be discussed with the parent.
- If a child's behavior jeopardizes the safety of themselves or others, the suspension policy may be ignored and the child may be removed from the program immediately.

### Suspension Policy:

- If inappropriate behavior continues, a supervisor will notify the parent that a meeting needs to be held within 48 hours. At that conference, the director may recommend the parent/child for outside testing and evaluation, and the child will be suspended from the YMCA program for 1 day.
  - A second serious infraction will result in a suspension of 3-5 days and a request for professional testing and evaluation may be required before the child may return to our program.
  - If the behavior has not improved, the child will be immediately removed from the program.
- \*If the parent/guardian refuses to work with us during this process, we will be forced to terminate the child from the program. The YMCA has rarely been forced to use suspension from the program. We believe that if the child perceives the YMCA as concerned, involved, consistent, caring, and respectful, and if we exhibit calmness, few words, and a firm but kind attitude, the results will usually be positive.

### Special Services:

Occasionally it may be necessary for a child to receive special services while in care at the Early Childhood Learning Center. Examples of these services may be an aide, TSS, tutor, OT, PT etc. These services may be needed to help the child in the classroom life as we must maintain our Department of Human Services ratios or it may be because the child needs help with the daily routine, or behaviors that are putting the child, other children or adults at risk. If it is deemed necessary by the YMCA to reach out for services in order to have the child remain in care, the family will have 30 days from the date of the special services letter to get services in place. The YMCA will provide support and resource to help with compliance to this request, but ultimately it is the families' responsibility. Failure to comply with this request may result in the children being withdrawn from care at the YMCA until services are in place.

### Individualized Education Plan/ Individualized Family Services Plan (IEP/IFSP)

At times children may have an IEP or IFSP in place, in order for the staff of The Greensburg YMCA Early Childhood Learning Center to actively support the child and family with these expectations a copy of the IEP or IFSP must be submitted to the program at the time of enrollment. This allows the family and the learning center the ability to work together for the best continuation of care plan for the child. If an IEP or IFSP is formed at any point during their enrollment in the program it is expected that the plan would then be submitted. In addition, we are more than happy to be a part of any IEP/IFSP conference calls or meetings, please simply make us aware of the dates and times in a timely fashion and we will do our best to have a staff available.

### Termination Policy:

The YMCA Child Care program reserves the right to terminate your child's attendance in our program for such things as, but not restricted to:

- Disruptive behavior problems.  
Emotional problems or learning disabilities that we are not equipped to handle or that are a safety risk to themselves or the other children in attendance.
- If a parent or child is physically or verbally abusive to YMCA staff or children.

If the Child Care Director or the CEO of the Y believes that continued service is not in the best interest of the child and/or the Greensburg Y.

If these or any other problems begin to upset or influence the other children in the program and we have proceeded through the steps cited in our suspension policy, we will have no other recourse than to terminate your child's attendance in our program. It is very rare but in extreme situations, we have been forced to pass over our suspension policy steps and immediately move to terminating a child from the program because of the severity of the problem and our responsibility to protect your child and others.

NO REFUNDS or credits will be given if a child is suspended and/or terminated from any YMCA program. If your child has been terminated from any of our programs, he or she may not attend the same program at a different location.

I HAVE READ AND UNDERSTAND THE BEHAVIOR MODIFICATION POLICY:

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# CHILD HEALTH REPORT

(55 PA CODE §§3270,131, 3280,131 AND 3290.131)

\*\* Must be updated every 12 months

Parent/Provider fill in this part.	CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:					
	DATE OF BIRTH:	HOME PHONE:	ADDRESS:					
	CHILD CARE FACILITY NAME:							
	FACILITY PHONE:	COUNTY:	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.								
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):								
<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 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.								
<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 <a href="http://www.aap.org">WWW.AAP.ORG</a> )  <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, IMPUGNATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.					
						VISION (subjective until age3)		
						HEARING (subjective until age4)		
						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/ID								
HIB								
PNEUMOCOCCAL								
POLIO								
INFLUENZA								
MMR								
VARICELLA								
HEP-A								
MENINGOCOCCAL								
OTHER								
MEDICAL CARE PROVIDER:				SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT				
ADDRESS:				TITLE:				
				LICENSE NUMBER:				
				DATE FORM SIGNED:				

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