

AUTHORIZED PICKUP LIST / EMERGENCY MEDICAL RELEASE

COMPLETE ONE FORM PER CHILD

Pick-up List

Anyone picking up a camper must provide a photo I.D. and be listed below.

Parent/Guardian Name: _____ Employer: _____ Phone Number: _____

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List up to 3 other people (other than parent/guardian) who are authorized to pick up the camper and should be contacted in case of a medical emergency or emergency pick-up if parent/guardian cannot be reached.

1. Name: _____ Relationship: _____ Phone Number: _____

2. Name: _____ Relationship: _____ Phone Number: _____

3. Name: _____ Relationship: _____ Phone Number: _____

Emergency Medical Release

In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to the physician listed on the form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child.

Physician's Name: _____ Hospital Affiliation: _____

Address: _____ Phone: _____

Medical Insurance Provider: _____ Policy and/or Group #: _____

Allergies and Medications

Known Allergies: _____

Does your child need to take medication(s) during camp (circle one)? Yes No

If your child requires medication, please specify: _____

The Permission to Administer Medication form must be completed and given to the Camp Director on the first day of each camp session. Medications must be accompanied by the original physician's prescription with clearly written directions. If your child has other special needs (language, learning disability, speech, hearing, food allergies, etc) please contact the Camp Director at 508-791-3181, ext.3019 prior to June 12 or at 508-892-9814 after June 12, 2018.

Medical Release

I authorize the YWCA as agent for the undersigned to consent with respect to said minor, to an x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician or surgeon licensed under the provisions of the MA Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YWCA is not responsible for costs incurred for medical care.

Optional Statistical Data

The YWCA receives funding for a portion of childcare activities. Please choose the appropriate selection for your child:

☐ White/Caucasian ☐ Asian ☐ Black/African-American ☐ Hispanic/Latino ☐ Other _____
☐ American Indian/Alaskan Native ☐ Hawaiian Native/Pacific Islander

Do you speak a language other than English at home (Circle one)? Yes No

Policies

Sunscreen

I give permission for sunscreen to be administered and/or applied to my camper as deemed necessary by the camp staff.

Backpack Search

I agree that any camp participant's belongings may be searched outside the participant's presence for drugs, alcohol, weapons, or other forbidden objects.

Lost or Stolen Items

Camper's are asked to leave any valuables and electronics at home. The YWCA and its employees are not responsible for lost or stolen items.

Photographs

I give my permission for my child's photograph or video to be taken for use by the YWCA Central Massachusetts in program brochures, annual report, website, social media sites and other promotional materials and for release to local newspapers.

Parent/Guardian Signature: _____ Date: _____