

Medical History & Emergency Contact for Youth Programs Form

Please complete ONE FORM PER CHILD, use back of form if additional space is needed.

Child's First Name _____ Initial _____ Last Name _____

Name used: _____ Male Female

Current Age: _____ Date of Birth ____ / ____ / ____ T-shirt Size: YS YM YL S M L XL XXL

Circle school grade: K 1 2 3 4 5 6 7 Name of school child attends: _____

ALLERGIES / RESTRICTIONS

Is your child allergic to any medications, foods, environmental or other substances? **Yes** **No** If yes, please list allergen and describe child's reaction when exposed and treatment required: _____

Is your child to be restricted from eating certain foods or participating in any activities? **Yes** **No** If yes, please list restrictions in detail: _____

MEDICATIONS

Does your child currently take any medication? **Yes** **No** If yes, What? _____

Why? _____ When? _____ How? _____

Please Note: The GCCC Staff are prohibited from administering any medications to children, this is solely the responsibility of parents. Medication sent to the GCCC, with a child for self administering, must be clearly labeled and safely contained.

BEHAVIORAL

Does child have any sensory, physical and/or behavioral difficulties that you believe would be helpful for the supervising staff to know about? **Yes** **No** If yes, please describe: _____

EMERGENCY CONTACTS are required

In the event of an emergency or if we are unable to reach anyone listed below, GCCC Staff will act on your behalf. Please list yourself and others authorized to act on your behalf:

| Names | Relationship | List all phone numbers in the order that we should call |
|-----------------|--------------|---|
| 1 st | | |
| 2 nd | | |
| 3 rd | | |
| 4 th | | |

AUTHORIZATION FOR SIGN-OUT & PICK-UP:

To insure the safety of your child, please list all adults, including yourself, to whom your child may be released to:

| Name | Relationship to child |
|------|-----------------------|
| | |
| | |
| | |

Please Note: If anyone other than those listed above will be picking up your child, you must provide additional written authorization including the name of the individual and the date that s/he will be picking your child up.

INFORMED CONSENT & AUTHORIZATION for EMERGENCY TREATMENT and TRANSPORTATION

- I understand that I will be notified if my child, listed on this form, becomes injured and/or ill while attending the GCCC.
- I agree that upon notification of my child's injury and/or illness, I will have her/him picked up immediately.
- In case of an emergency or when I cannot be reached, I hereby give authorization to the GCCC staff to contact other parents, legal guardians and/or emergency contact people listed on this form. If no one listed on this form can be reached, then I hereby give authorization to the GCCC staff, agents, and the treating physician to obtain or provide whatever medical treatment and/or transportation deemed necessary for the immediate welfare of my child, listed above.

Condition of enrollment: I have read, understand and agree to the terms and conditions listed on this Medical History and Emergency Contact Form and the City of Santa Fe's "Assumption of risk, waiver, and release from liability" Form as they relate to my child. I understand it is my responsibility to provide accident and health insurance coverage for my child and I will be financially responsible for all charges and fees for emergency medical treatment and/or transportation, regardless of whether my medical insurance covers such charges and fees.

Parent/Guardian Signature _____ **Date** _____