



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

## Parent's Morning Out

### General Information

Child's Name (Print): \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mother/Guardian: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mother/Guardian Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Mother/Guardian Email Address: \_\_\_\_\_  
Father/Guardian: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Father/Guardian Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
Father/Guardian Email Address: \_\_\_\_\_

### Emergency Contact Information

In the event that a parent or guardian can not be reached, one of the below emergency contacts will be contacted.

1) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
2) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

### Health Information

Please list ALL known allergies to medication, food, insects, environmental, etc that could affect your child in YMCA programs:

Please list ALL medications currently being taken (If a child will be taking medication for an allergy at the YMCA, you must complete a "Permission to Administer Medication" Form):

Please list any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while in YMCA programs:

Preferred Hospital Provider:  CMC  Presbyterian at Matthews  Other: \_\_\_\_\_

Child's Physicians Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### Insurance Information

Is the child covered by medical insurance?  Yes  No

If yes, indicate Carrier/Plan

Name: \_\_\_\_\_

Name of Insured (on card): \_\_\_\_\_ Group #: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

continued on reverse →

**Wellness Guidelines**

It is our sincere desire to provide quality care for your children while you are participating in various YMCA services and programs. For the safety and well being of all children and staff, the following health and wellness policies will be strictly enforced. Children should not participate in YMCA Childcare Programs if one or more of the following conditions exist:

1. The illness prevents the child from participating comfortably in childcare activities.
2. The illness results in a greater need than the YMCA staff can provide without compromising the health and safety of the other children.
3. The child has any of the following conditions:
  - a. A fever higher than 100 degrees. Child must be fever free for at least 24 hours without fever reducing medication before they can return to childcare programs.
  - b. Continuous and/or Colored Nasal Drainage. A current note from a physician can be provided if drainage is caused by an allergy.
  - c. Diarrhea.
  - d. Vomiting within a 24 hour period.
  - e. Communicable diseases (Including but not limited to pink eye, head lice, skin rash, etc)

If children exhibit any of these symptoms during their stay, the parent/guardian will be asked to pick their child up promptly. Children may return to childcare programs if they are symptom free after 24 hours or if a written note from a child’s physician is provided to the YMCA. A doctors’ note can be provided for seasonal allergies. If a child display’s a combination of symptoms, a doctor’s note can also be provided.

**Security Information**

Children will only be released to legal guardian or responsible adult listed below. These authorized individuals must present a photo ID at pick up. In the event that a child will be picked up by an adult not listed below, a parent note (including the person’s name as it appears on their photo ID) is required and photo ID must be shown at pick up.

The following people are permitted to sign in/out this child (parents/guardians listed are assumed)

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_

**Miscellaneous Information**

How did you hear about the Parent’s Morning Out? (Please answer this question as specifically as possible.)

\_\_\_\_\_

Are you interested in volunteer opportunities (Parent Committee, mystery reader, event staff, etc.)? Yes No

**Participant Waiver**

The health history I have provided is complete and accurate and participant has permission to engage in all activities unless otherwise specified in writing. I understand that the YMCA of Greater Charlotte assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports programs, childcare programs, the use of any equipment or other activities. I expressly acknowledge that I assume the risk for any and all injuries and illnesses, which may result from his/her participation in this program. I acknowledge that my child has been medically cleared to participate in vigorous physical activities. I agree to hold harmless the YMCA, its staff and volunteers for accidents or injuries arising out of his/her participation in the activity. I understand that no accident or medical insurance is provided for such occurrences. I agree to have my child examined within a reasonable time period prior to participating in YMCA programs by a family physician stating he/she is free from communicable diseases and has not been exposed to such. In the event that I cannot be reached in an emergency, I hereby give permission for the physician selected by the YMCA of Greater Charlotte to secure and administer treatment including hospitalization, ordering X-Rays, routine tests, to release any records necessary for insurance purposes and to provide or arrange necessary related transportation for myself/or my child if needed. While the YMCA of Greater Charlotte will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of a danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to learn from and enjoy the programs. Any of the above reasons can be grounds for dismissal. A parent/guardian will discuss with the Director any special conditions or circumstances involving their child. The YMCA follows the guidelines of the ADA. I give permission to the YMCA of Greater Charlotte, without limitation or obligation to use photographs, film footage, or tape recordings which may include my child’s image or voice for purposes of promoting or interpreting YMCA programs. I give my consent for my child to leave the YMCA site, participate in authorized YMCA trips, to swim at approved facilities and to ride in authorized vehicles for the purpose of transportation in connection with the YMCA program.

Children may not participate in the following programs or combination of programs for more than 4 hours in a 24 hour period in a Charlotte YMCA or combination of YMCAs: Parent’s Morning Out, unlicensed Preschool, Drop-in Care and Unlicensed Afterschool.

**I HAVE READ AND AGREE TO ALL THE POLICIES SET FORTH IN THE WAIVER AND BROCHURE BY THE YMCA OF GREATER CHARLOTTE.**

Parent/Guardian (Print Name): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Signature): \_\_\_\_\_