

**Gateway Region YMCA
Child Care Medical Procedures
Chronic Health Conditions**

Health Condition: _____

Child's name: _____

Parent/Guardian names and telephone numbers:

(Work) _____ (Home) _____
(Cell) _____

(Work) _____ (Home) _____
(Cell) _____

Physician's name and telephone number

1. Describe the child's symptoms including when they generally occur. What triggers an episode?

2. How are mild episodes treated?

3. How are serious episodes treated?

4. Is this child on daily medication, if so is the YMCA to administer any medication?
___yes ___no
Give details on administration.

5. Are there any side effects of any medications child is currently taking - physical and/or behavioral? ___yes ___no
If so, please explain.

6. Does physical activity seem to trigger episodes? ___yes ___no
If so under which conditions should this child not participate in activities?

7. Do weather conditions affect the condition? ___yes ___no
If so how?

8. Does the child understand their medical and treatment condition? ___yes ___no
If yes does the child participate in the management of this condition?

By signing below I acknowledge that I have provided complete and accurate information regarding the health condition of _____ and any and all treatment which the YMCA may need to perform, along with any and all risks associated with the condition or treatment.

Physican/Specalist Signature

Date

PARENT CERTIFICATION OF FULL DISCLOSURE

This document is to certify that I have fully and completely disclosed any and all information regarding my child, _____ and his/her need for and instructions for taking medication or physical testing of any type, or receiving first aid or other medical attention. I understand that the Gateway Region YMCA is relying solely on my and my child's physician's written instructions. I acknowledge that the YMCA Program is a recreational program and not designed for medical care of children. I acknowledge that if my child has any medical complications or events during the time he/she is at YMCA programs, the YMCA is to contact 911 for medical assistance.

Father/Guardian

Mother/Guardian

NAME

NAME

DATE: _____

DATE: _____

**RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING
TREATMENT
TO CHILDREN WITH CHRONIC OR SEVERE HEALTH CONDITIONS**

This is a RELEASE AND WAIVER OF LIABILITY FOR ADMINISTERING
TREATMENT TO CHILDREN WITH CHRONIC OR SEVERE HEALTH
CONDITION (hereinafter, referred to as the "Release") made this _____
_____ day of _____, 201_, by and between Gateway
Region YMCA and _____

Parent(s) / Guardian(s)

residing at _____, who

Address

are the Parents(s) / Guardian(s) of _____;
Child's Name

WHEREAS, YMCA has been requested by the Parent(s) / Guardian(s) to administer treatment to the child during certain situations as described in the "Gateway Region YMCA" Identification of and Authorization for Treatment for Child Care Participants with Chronic or Severe Health Conditions", all in accordance with and subject to instruction of the Parent(s) / Guardian(s) and the Child's physician.

NOW, THEREFORE, in consideration of the agreements and covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledge, the parties hereto agree as follows:

1. Parent(s) / Guardian(s) hereby releases and forever discharges YMCA and its employees or agents from any and all liability arising in law or equity as a result of YMCA's employees or agents care of and/or administering any care and/or treatment to the child in conformance with the "Gateway Region YMCA" Identification of and Authorization for Treatment for Child Care Participants with Chronic or Severe Health Conditions" (hereinafter referred to as the "Authorization"), provided that YMCA has used reasonable care in administering the treatment and in providing any other authorized care in accordance with the Authorization.

2. This Release shall be governed by the laws of the State of Missouri, which is the location of the YMCA facility in which the child is enrolled, excluding its choice of law provisions.
3. This Release supersedes and replaces any and all prior understandings and/or agreements proposed or otherwise, whether written or oral, concerning the subject matters covered herein. This document, along with the Authorization (including any additional physician's instructions or clarifications), which is hereby incorporated by reference, constitutes the entire agreement among the parties with respect that the subject matters discussed herein.
4. I hereby acknowledge that the training provided to YMCA staff by a certified RN selected by the Y meets the needs of caring for my child and their health condition. I will provide all necessary medication and equipment for the treatment.
5. The reference in this Release to the term "YMCA" shall include the Gateway Region YMCA., its affiliates, parent companies, subsidiaries, successors, directors, officers, agents, attorneys, employees and representatives. The terms Parent(s) / Guardian(s) shall include the dependents, heirs, executors, administrators, assigns and successors or each.
6. If one or more of the provisions of this Release shall for any reason be held invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect or impair any other provision of the Release. This Release shall be construed as if such invalid, illegal or unenforceable provisions had not been contained herein.

Gateway Region YMCA

PARENT(S) / GUARDIAN(S)

Print
Name: _____

Print
Name: _____

Signature: _____

Signature: _____

Title: _____

Relationship: _____

Date: _____

Date: _____

PARENT(S) / GUARDIAN(S)

Print
Name: _____

Signature: _____

Relationship: _____

Date: _____