

**GATEWAY REGION YMCA
CHILD CARE PROCEDURES
CHRONIC OR SEVERE HEALTH CONDITIONS**

Dear Parent/Guardian:

Thank you for your interest in the Gateway Region YMCA Child Care and/or Camp program. To establish a safe environment for your child as well as our staff members, the following procedures will need to be followed concerning your child's medical care and treatment;

- A **Chronic Health Conditions Form** is to be filled out completely by your physician and/or specialists and presented to the Director of the Child Care Center or Camp Program. This Authorization must be time, duration and dose specific.
- A **Release and Waiver of Liability for Administering Treatment to Children with Chronic or Severe Health Conditions Form** completed in full and presented to the Director of the Child Care Center or Camp Program.
- A **PARENT/GUARDIAN CERTIFICATION OF FULL DISCLOSURE Form** completed in full and presented to the Director of the Child Care Center or Camp Program.
- The **Department of Health Medical Authorization Form** is to be filled out completely.
- It will be the Parent's Responsibility to monitor and track prescriptions expiration date and replace said medication as needed.

Upon completion of above items please submit to the Director in Charge for review by the YMCA. You will be contacted about enrollment status after review of the above information has been completed. The Gateway Region YMCA the right to request additional information as deemed appropriate to assist in the review process.

Failure to disclose all necessary information will void enrollment and be considered falsification of records.

In advance, thank you for your cooperation in this matter.

Sincerely,

YMCA Staff

**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 CONDITIONS (hereinafter, referred

to as the "Release") made this _____ day of _____,

20___, by and between GatewayRegion YMCA and _____
(Parent(s) / Guardian(s))

residing at _____, who are the
(Address)

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

Print Name: _____

Signature: _____

Title: _____

Date: _____

PARENT(S) / GUARDIAN(S)

Print Name: _____

Signature: _____

Relationship: _____

Date: _____

PARENT(S) / GUARDIAN(S)

Print Name: _____

Signature: _____

Relationship: _____

Date: _____

**GATEWAY REGION YMCA
PARENT/GUARDIAN 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, tube feeding, 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.

Parent/Guardian

Parent/Guardian

NAME (print)

NAME(print)

NAME (Signature)

NAME(Signature)

DATE: _____

DATE: _____

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

5. Is this child on daily medication, if so is the YMCA to administer any medication/s? ___yes ___no
Give details on administration.
6. Are there any side effects of any medications your child is currently taking - physical and/or behavioral? ___yes ___no
If so, please explain.
7. Does physical activity seem to trigger episodes? ___yes ___no
If so, under which conditions should this child not participate in activities?
8. Do weather conditions affect the condition? _____yes _____no
If so, how?
9. Does the child understand their medical and treatment condition? ___yes ___no
If yes, does the child participate in the management of this condition?
10. Other items the Gateway Region YMCA should be aware of? Please describe in detail.

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.

Physician/Specialist Signature

Date