

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I authorize Kids' Korner staff to obtain emergency medical treatment, including transportation via ambulance to the closest emergency room for my child when in attendance at the Northern Middlesex YMCA Kids' Korner Program. I also authorize any treatment deemed necessary by the attending physician. I understand that whenever possible, I will be notified prior to medical treatment of my child. I understand that if staff cannot reach me they will notify the designated emergency contact person and then if necessary, the family physician. I will be notified at the earliest possible time should prior notice prove impossible. I agree to assume all financial responsibility incurred for medical treatment.

Parent Signature

Date

Physician

Dentist

Phone Number

Phone Number

Address

Address

Insurance

Information _____

Please describe, if applicable, your child's medical conditions and if special medical care will need to be provided (ie medication, epi-pen, etc) :

ADMINISTRATION OF MEDICATION:

All medication administered to children by Kids' Korner staff must be accompanied by:

1. A completed Administration of Medication form signed by both the child's physician and parent/guardian.
2. Medication must be given to staff in the original labeled container.
3. A locked box to hold the medication in if the site does not have one available.

Parents must personally deliver medications to the Site Director. The program can only administer medication if staff are trained and meet the licensing requirements. The program reserves the right to refuse responsibility for administering medication.

❖ Parents are requested to notify the staff when their child is ill with a communicable disease.

The YMCA receives a grant from the Department of Social Services to support the Kids' Korner Program. To meet the grant requirements we must report information on the following questions. The information provided will be considered confidential.

Please indicate the race of your child: ____Black ____Hispanic ____Caucasion ____Asian ____Other

Do you work ____yes ____no Does your family receive TANF ____yes ____no

Does your family income place you below the 75% state median income: ____yes ____no

75% State Medium Income

Family Size	Gross Income	Family Size	Gross Income	Family Size	Gross Income
1	\$35,959	4	\$69,153	7	\$93,357
2	\$47,024	5	\$80,218	8	\$95,432
3	\$58,089	6	\$91,282		

In registering your child to participate in the YMCA Kids' Korner Program you agree to and understand the following:

Parent/Guardian Responsibility

1. To pay the monthly tuition bill by the first day of each month.
2. To provide a two-week written notice of withdrawal and/or change of attendance schedule or forfeit security deposit.
3. To notify program staff when your child will be absent from the program.
4. To allow your child to participate in a swim program and fieldtrips or to make additional arrangements for care on those days.
5. To allow the YMCA to take photographs and video of your child to use in displays and advertisements.
6. To sign your child in each am and sign out each pm respecting the program hours of 7am opening and 6pm closing.
7. To pay for any medical expenses including transportation as a result of emergency medical care.
8. To read the parent handbook, notices, newsletters and information posted in the parent's area to remain informed.
9. To inform the staff of situations in the child's life that may contribute to changes in behavior or special needs.
10. To meet with and address any concerns program staff may have with your child's behavior, safety, and participation.
11. To pay for damages your child may incur to YMCA and School property, equipment, or another participants belongings if the damage is the result of inappropriate behavior.

Parent Signature

Date