



**YMCA at Virginia Tech  
After School Program  
2009-10 Child Permission & Information Form**

**Child Information**

**Child's Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Child's School:** \_\_\_\_\_ **Homeroom Teacher:** \_\_\_\_\_

**Grade in School:** \_\_\_\_\_ **Favorite Subject(s):** \_\_\_\_\_

**Child's Interests:** \_\_\_\_\_

**Names & ages of siblings:** \_\_\_\_\_

**Parent Information and Consent**

**Parent(s) Name(s):** \_\_\_\_\_

**Parent 1 Workplace:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Parent 2 Workplace:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

Will someone usually be home during the time After School Program takes place? \_\_\_\_\_  
If not, when does a parent or guardian usually arrive home? \_\_\_\_\_

If no one is home at the time our program ends, do you give us permission to leave your child home alone?  
\_\_\_\_\_

If your child becomes ill or injured while at the After School Program and you are not home, what would you like us to do? \_\_\_\_\_

Are there any activities or skills you would like us to stress or encourage? If so, what are they?  
\_\_\_\_\_

Please list ALL individuals who are authorized to pick up your child from the program for the 2009-10 year (individuals will be asked to show ID): \_\_\_\_\_

Please list any people who are **forbidden** from contacting your child while at the After School Program:  
\_\_\_\_\_

*By checking this box, I agree to allow my child to complete a program survey for the YMCA at Virginia Tech. This survey, to be administered by YMCA staff and/or program leader volunteers, will include questions about general demographic information and my child's experience with this program. The results will be used to make our programs better for your child and the community at large. Additionally, by signing this form, I give permission for the YMCA at Virginia Tech to use pictures of my child in brochures, newsletters, slide shows, display cases, and other forms of media for recruitment purposes.*

**I have read and understand all these questions and my signature here indicates that I will not hold the YMCA at Virginia Tech liable for injuries occurring to my child as a participant in the YMCA After School Program. I also understand that I am responsible for my child's behavior.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For PL/office use only—  
Name: \_\_\_\_\_  
Site: \_\_\_\_\_  
Year: \_\_\_\_\_



# YMCA at Virginia Tech Child Medical Information Form

**Full Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_  
**Name, address, and phone # of primary care physician:** \_\_\_\_\_  
 \_\_\_\_\_

## Persons to Contact in Case of Emergency

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**Medical Insurance Information:**

Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 \_\_\_\_\_  
 Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
 Policy holder name: \_\_\_\_\_

Does your child have any allergies to food, medications, or insect bites? If so, what are the allergies and what are the treatments for them? \_\_\_\_\_

Does your child carry this treatment/medication with him/her? \_\_\_\_\_

Where is the treatment/medication located? \_\_\_\_\_

Do YMCA volunteers have permission to administer this treatment/medication listed above in the event your child is unresponsive? \_\_\_\_\_

Is your child currently taking any medications on a regular basis? (if yes, please include dosage and purpose of medication): \_\_\_\_\_

Medical History (please include anything that would affect diagnosis or treatment, such as diabetes, seizure disorders, injuries, etc.): \_\_\_\_\_

In the event that I am unable to answer for my child, I hereby give permission to the YMCA at Virginia Tech program leaders and/or site supervisors to seek emergency medical treatment for my child, including but not limited to X-rays, routine tests, and/or injections. I have filled out this form to the best of my knowledge, and do hereby assert that all medical information is true and correct.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_