

## NYYM SESSIONS MEDICAL INFORMATION for YOUTH

*Please fill out one form per child. Thank you.*

Children CANNOT participate in NYYM or JYM programming without a current medical form on file.

**THIS FORM IS CONFIDENTIAL — FOR YOUTH PROGRAM USE ONLY**

<b>CHILD'S NAME:</b>		
<b>Child's Age:</b>	<b>Child's grade this fall:</b>	<b>Graduating Senior?</b>
<b>Parent 1 / Legal Guardian's full name:</b>		
Cell phone:	Address while at session:	
<b>Parent 2 / Legal Guardian's full name:</b>		
Cell phone:	Address while at session:	
<b>If no parent will be present, the following person is SPONSOR and is responsible for my child:</b>		
<b>Name:</b>		
Cell phone:	Address while at session:	
<b>If not listed above, other adults authorized to remove child from program:</b>		
	<b>Cell phone:</b>	
	<b>Cell phone:</b>	
<b>Full Name and Contact Information for Person Financially Responsible for this Child:</b>		
<b>Family Physician / Insurance Information:</b>		
<b>Physician:</b>	<b>Phone:</b>	
<b>Insurance carrier:</b>	<b>Policy #:</b>	
<b>VERY IMPORTANT:</b> List all allergies, medications, physical limitations, emergency medical information, recent surgeries or injuries, or other things we should know about your child. List any medications that are self-administered, e.g. EpiPen, etc.		
I give my <b>permission for my child</b> to participate fully in all age appropriate activities during the session including, possibly, local field trips and community service activities, and at Silver Bay, using the beach and or hiking to Jabe's pond. <b>I understand that I must accompany my child to and from session / JYM sponsored activities as specified by group leaders and if child does not attend group session, they will be under my care.</b>		
<b>Signature of Parent/Guardian:</b>		<b>Date:</b>
<b>I give my permission for my child to be given necessary treatment:</b>		
At session: YES NO	At hospital: YES NO	<b>NEITHER</b>
<b>Signature of Parent/ Legal Guardian:</b>		<b>Date:</b>

*(This document is not valid with the signature of a sponsor. It must be signed by a parent/guardian.)*

**THIS COMPLETED AND SIGNED FORM IS TO BE PRESENTED AT CHECK-IN**