

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

CHILD'S NAME:		
Child's Age:	Child's grade this fall:	Graduating Senior?
Parent 1 / Legal Guardian's full name:		
Cell phone:	Address while at session:	
Parent 2 / Legal Guardian's full name:		
Cell phone:	Address while at session:	
If no parent will be present, the following person is CHAPERONE and is responsible for my child:		
Name:		
Cell phone:	Address while at session:	
If not listed above, other adults authorized to remove child from program:		
	Cell phone:	
	Cell phone:	
Full Name and Contact Information for Person Financially Responsible for this Child:		
Family Physician / Insurance Information:		
Physician:	Phone:	
Insurance carrier:	Policy #:	
<u>VERY IMPORTANT:</u> 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.		
<p>I give my permission for my child to participate fully in all age appropriate activities during the following NYYM session — _____ — including, possibly, local field trips and community service activities, and if Summer Sessions, using the beach and or hiking to Jabe's pond. I understand that I must accompany my child to and from session / JYM sponsored activities as specified by group leaders / program coordinators and if child does not attend a group session, they will be under my care.</p> <p>Signature of Parent/Guardian: _____ Date: _____</p>		
I give my permission for my child to be given necessary treatment [please circle your answer(s)]:		
At session: YES NO	At hospital: YES NO	NEITHER
Signature of Parent/ Legal Guardian: _____		Date: _____

(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