

# Parent Authorization & Medical Form

Child's First Name: \_\_\_\_\_ Last \_\_\_\_\_ Gender: M  F

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Child lives with (check all that apply): Mother  Father  Guardian

Mother's Name/Guardian 1: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name/Guardian 2: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In case of an emergency and I cannot be reached, I give permission for any of the following individuals to be contacted for any needed decisions and my child may be released to them:

1) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

List others (in addition to parents and emergency contacts) that are authorized to pick up your child:

1) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

3) Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

List any, who by court order **may not** pick up your child. Copies of court order **MUST** be given to Club when registering your child.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Court Order received:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **By (print staff name):** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

## Medical Information

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of child's last physical: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of last exam: \_\_\_\_\_



**Boys & Girls Club of Lake Chelan Valley**

P.O. Box 1532 | Chelan, WA 98816

Phone: (509) 300-8480

# Parent Authorization & Medical Form

**Special Accommodations:** Is your child subject to any of the following:

Special Diet       A.D.H.D.       Behavior Disorder       Other   
Homesickness       Asthma       Bleeding       \_\_\_\_\_  
Ear Infections       Clotting Disorder       Autism       \_\_\_\_\_

**Allergies:** Is your child allergic to any of the following:

Bee Sting     Peanuts     Medication  \_\_\_\_\_    Food  \_\_\_\_\_  
Other  \_\_\_\_\_    Treatment for the allergic reaction: \_\_\_\_\_

**Medications:** Will your child need to take any medications while at the Boys & Girls Club?

No:     Yes:     *If yes, there are other forms to be completed*

List medication names: \_\_\_\_\_

*Note: Children who regularly take medication during the school year should continue to take medication while enrolled at the Boys & Girls Club. Non-school days and spring, summer, and winter breaks are not a time when a child should take a break from their regular medication.*

*ALL medications must be given to the director. Children **MAY NOT** self-administer medications, including all over the counter medications! Medication needs to be in the prescription bottle (e.g., not in a Ziploc bag) and will be locked in a safe place out of reach of other children.*

**Sun Screen:** During hot weather, may sunscreen be applied to your child? Yes     No     *If yes, complete authorization form*

**Hand Sanitizer:** May hand sanitizer be used by your child? Yes     No     *If yes, complete authorization form*

**Swimming:** Does your child have any swimming restrictions? No     Yes (explain): \_\_\_\_\_

Please mark your child's swimming abilities/experience on a scale of 1-10 with 10 being the most experienced, so that we will address your child's swimming needs: \_\_\_\_\_ (most public swimming parks/facilities require that children take a swim test in order to swim in the "deep-end." To enter the "deep-end" we will have your child take the swim test before every swimming activity).

## Authorizations:

I give my permission for my child to participate in Club sponsored activities such as field trips, overnights and swimming. I understand that my child will be transported by Club vans operated by Boys & Girls Club employees, public transportation, or by a chartered bus operated by a private company. I also give my permission for the Boys & Girls Club to use pictures of my child participating in Club activities in future promotional purposes. I understand that the Boys & Girls Club does not allow its staff members to have contact with club members outside of Club sponsored activities and events.

In addition, I hereby give permission for my child to receive emergency medical treatment, including First Aid and CPR, from a qualified Boys & Girls Club staff member. I also give my permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center for treatment. In the event I cannot be reached, I further authorize and consent to medical, surgical, and hospital care treatment and procedures to be performed by a licensed physician or hospital, selected by the Boys & Girls Club, when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment.

I am the parent or legal guardian of the above named child and I have the authority to authorize such activities and actions.

Parent/Legal Guardian: \_\_\_\_\_      Date: \_\_\_\_\_