



Stevens Point Area YMCA
Child Care/Day Camp – Health History and Care Form

FULLY COMPLETE ALL SECTIONS of this REQUIRED Health and Care Form and return to:
Stevens Point Area YMCA, Child Development Office, 1000 Division Street, Stevens Point, WI 54481 (715) 342-2999

First Day of Attendance: _____

Participant Name _____ Birth Date _____ Age _____ M or F

Street Address _____
Street City State Zip

Home Phone _____ School _____ Grade _____ Height _____ Weight _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Home Address _____ Home Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Workplace & Ph. # _____ Workplace & Ph. # _____

Day/Cell Ph. _____ Home Ph. _____ Day/Cell Ph. _____ Home Ph. _____

Email _____ Email _____

Please Indicate any Custody Issues _____

Emergency Contacts (other than Parent/Guardian) and Persons Authorized to Pick Up Child.

Emergency Contact Name _____ Emergency Contact Name _____

Relationship to Child _____ Relationship to Child _____

Home Address _____ Home Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Workplace _____ Workplace _____

Day/Cell Ph. _____ Home Ph. _____ Day/Cell Ph. _____ Home Ph. _____

Participant's Physician _____ Phone _____
Dr. Name/Facility Office Address

Participant's Dentist _____ Phone _____
Dr. Name/Facility Office Address

Insurance Information: Is Participant covered by family medical/hospital insurance? YES NO

Carrier or Plan Name _____ Group # _____

Carrier Address & Phone # _____

Name of Insured _____ Relationship to Participant _____

Emergency Treatment Authorization: In the event I cannot be reached in an emergency, I authorize the YMCA staff to transport to and/or secure from any licensed hospital, physician and/or medical personnel any emergency care or treatment deemed necessary for my child. I agree that I will be responsible for the payment of any and all medical services rendered.

Signature of Parental/Guardian _____ Date _____

OVER

