



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

KANSAS EMERGENCY INFORMATION PACKET

ALL Y CLUB BEFORE AND AFTER SCHOOL LOCATIONS IN KANSAS

All of our programs are licensed by the Kansas Department of Health and Environment.
This is a set of documents which is required by state law.

INSTRUCTIONS

1. Do not return this packet to the Youth Development Services office.
2. Complete all the forms in this packet.
3. Parent/Guardian is responsible for making copies.
4. Take a copy to your child's site.
5. Always take a copy any time your child attends a No School Day, Snow Day or Summer Day Camp. A completed copy of this packet must accompany your child at all times. YMCA staff will not transfer this file between sites.
6. Notify your site supervisor of any changes.

If you have any questions about this packet, please contact your site supervisor or Youth Development Services.

YMCA OF GREATER KANSAS CITY YOUTH DEVELOPMENT SERVICES

8205 West 108th Terrace, Suite 120
Overland Park KS 66210
P 913.345.9622 F 913.345.0524

KansasCityYMCA.org

OUR MISSION

The YMCA of Greater Kansas City, founded on Christian principles, is a charitable organization with an inclusive environment committed to enriching the quality of family, spiritual, social, mental and physical well-being. A UNITED WAY AGENCY



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PARTICIPANT INFORMATION FORM

Child's Name _____

Has your child previously been in a child care program? ☐ Yes ☐ No

Does your child make friends easily? ☐ Yes ☐ Somewhat ☐ No

Please describe your child's personality below:

Does your child require special assistance? Describe.

Please briefly describe your family structure and home environment.
(e.g., divorce, extended family, number of siblings, recent changes in the home)

Does your child take medication on a daily basis? ☐ Yes ☐ No

If yes, please describe:

Has your child ever been diagnosed with allergies, AD(H)D, Autism, emotional health disorders, or hearing disabilities?
If yes, please describe.

In what areas could we aid in your child's development?

- | | | | |
|---------------------------------------|--|---|--------------------------------------|
| <input type="checkbox"/> Independence | <input type="checkbox"/> Physical Health | <input type="checkbox"/> Responsibility | <input type="checkbox"/> Temperament |
| <input type="checkbox"/> Patience | <input type="checkbox"/> Sharing | <input type="checkbox"/> Social Habits | <input type="checkbox"/> Academics |
| <input type="checkbox"/> Confidence | <input type="checkbox"/> Relaxing | <input type="checkbox"/> Other _____ | |

What are your child's hobbies, interests and extra-curricular activities?

Please list any other information you feel we should know about your child.

State law mandates that any child taking daily medications, regardless of whether it is dispensed at the YMCA, home, or school, have an IBP or IEP on file.

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Revised 08.2019



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YMCA use only

EMR ☐ Expires ____/____/____
Notary Expires ____/____/____
Health Report ☐
YMCA Forms ☐

CONTACT INFORMATION FORM

Child's Information

Child's Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	DOB
Address		
City	State	Zip Code
Home Phone	School	

Guardian Information

Guardian Name	Relationship	
Home Phone	Mobile Phone	
Address		
City	State	Zip Code
Employer	Work Phone	
Address	Hours	
City	State	Zip Code
Email		
Guardian Name	Relationship	
Home Phone	Mobile Phone	
Address		
City	State	Zip Code
Employer	Work Phone	
Address	Hours	
City	State	Zip Code
Email		

Emergency Contacts *Two Contacts Required By Law *May Not Be Guardian or Child's Doctor

Name	Relationship		
Address		City, State, ZIP	
Home Phone	Work Phone	Mobile Phone	
Name	Relationship		
Address		City, State, ZIP	
Home Phone	Work Phone	Mobile Phone	

Persons Authorized to Take child from the YMCA (in addition to Guardians)

Name	Phone
Name	Phone
Name	Phone
Name	Phone

Signature

Date

Enrollment Status

Section _____
Active Date _____
Staff Name _____

FT ☐ PT ☐ Days M ☐ T ☐ W ☐ Th ☐ F ☐

Discharge Date _____

Location _____

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HEALTH HISTORY FOR CHILDREN AND YOUTH ATTENDING SCHOOL AGE PROGRAMS

As required by K.A.R. 28-4-590(d) (1), each operator shall obtain a health history for each child or youth, on a form supplied by the department or approved by the secretary. Each health history is to be maintained in the child's or youth's file on the premises. As required by K.A.R. 28-4-590(d)(2), each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.

Complete one form for each child or youth attending the School Age Program.

First and Last Name of the Child or Youth	Gender (M or F)	Date of Birth (MM/DD/YYYY)	First day at this program: (MM/DD/YYYY)
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First and Last Name of the Child's or Youth's Mother or Guardian

Mother/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
--	-------------	-----------------	---------------------------------

Mother/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
---	-------------	-----------------	---------------------------------

First and Last Name of the Child's or Youth's Father or Guardian

Father/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Father/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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Names and ages of other children in the Child or Youth's Family (Attach additional page if needed.)
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Person(s) authorized to pick up the Child or Youth in case of emergency. Include first and last name and Street Address. Attach additional page if needed.	City	Zip Code	Phone Number (during program hours):
1.			
2.			
3.			

First and Last Name of Physician & Street Address	City	Zip Code	Phone Number ()
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Name of Hospital Preference in case of emergency.
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Yes	No	N/A	Complete the following information about medications for this child or youth.
			Will this child or youth need to take any nonprescription or prescription medication during their time at the program?
			If yes above, is there signed permission on file?

Circle any of the following conditions or difficulties that affect this child or youth.			
Allergies	Frequent sore throats/ colds	Ear Infections or Aches	Heart or Lung Conditions
Skin Problems	Asthma	Headaches	Diabetes
Vision	Speech/Communication	Hearing	Emotion/Behavior
Other: Please describe.			

If you circled any of the above conditions, please provide additional information that will help the staff members meet the child's or youth's needs while attending the program. (Attach additional page, if needed.)

Provide additional information about your child or youth that might affect him/her while at the School Age Program including any special needs, restrictions to activities, major changes at home or special instructions. (Attach additional page, if needed.)

Complete the following information about this child's or youth's immunization status.

Yes	No	
		Did this child or youth attend a public or accredited non-public school in Kansas, Missouri or Oklahoma the previous year?
		If yes, are this child's or youth's immunizations current?
		If yes to both of these questions, you do NOT need to complete the immunization history below. If no to either of the above questions, you must complete the immunization history below for this child or youth or attach a copy of the child's or youth's immunization history.

Please give dates in the space below for ALL immunization series completed by this child or youth. Record MM/DD/YYYY.

		1	2	3	4	5
	DPT, DT*, TD (*DT only if child is allergic to DTP)	/ /	/ /	/ /	/ /	/ /
	POLIO	/ /	/ /	/ /	/ /	
	MMR	/ /	/ /			
Single Dose Only	RUBEOLA (MEASLES)	/ /	/ /			
	MUMPS	/ /	/ /			
	RUBELLA (GERMAN MEASLES)	/ /	/ /			
	HIB (Hemophilus Infl. B) *RECOMMENDED	/ /	/ /	/ /	/ /	
	HBV (Hepatitis B Vaccine) *RECOMMENDED	/ /	/ /	/ /		
	VAR (Varicella-Chicken Pox) *RECOMMENDED	/ /				

Print the First and Last Name of the Person Completing this Health History form	Relationship to the Child/Youth	Date Completed
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If the Health History form was completed by a person other than a Parent/Guardian, who provided you with this information?	What is that person's relationship to the child/youth?
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I attest, under penalty of perjury, that to the best of my knowledge, the information provided on this form is true and correct.	
Signature of person completing this form	Date Signed



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license.	License #
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I hereby authorize _____ (Name of individual/staff member) and/or
_____ (Name of individual/staff member) who is (are) representative(s) of the
above named facility to give consent for any and all necessary emergency medical care for my child or youth _____
_____ (First and Last Name of Child or Youth) while said child or youth is in said
facility's custody between the dates of _____ and _____ until care is terminated .
MM/DD/YYYY MM/DD/YYYY

Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
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Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of <u>Kansas</u> County of _____	
Signed or attested before me on _____ by _____ MM/DD/YYYY Name of Person	
(Seal, if any.)	_____ Signature of notarial officer
<i>Notary Not Required</i>	_____ Title (and Rank)
	My appointment expires: _____

List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:

Is child covered by health insurance? ☐ Yes ☐ No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____

THE MEDICAL RECORD/ASSESSMENT FORM (OR HEALTH STATUS HISTORY FORM FOR SCHOOL AGE PROGRAMS) AND THE AUTHORIZATION FOR EMERGENCY MEDICAL CARE MUST BE TAKEN TO THE EMERGENCY ROOM. BOTH FORMS MUST ALSO BE IN A VEHICLE WHEN THE CHILD OR YOUTH IS TRANSPORTED BY THE FACILITY.



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AGREEMENT AND DISCLAIMER

Child's Name _____

1. All applicable registration fees, deposits, and/or tuitions must be paid at the time of registration. All fees, deposits, and tuition are non-refundable and non-transferable, including No School Day services.
2. Payments are due every Monday for the following week of care. Payments made after closing time on the payment due date will have a \$20 late fee. Payments more than one week late will result in suspension until all tuition and late fees are paid.
3. There are no credits for absences, vacations, or lack of use. Tuition is not prorated for any reason. I understand that my child will be excluded from participation when ill. No refunds will be issued for fees paid. Fees based on enrollment not attendance.
4. All changes to your child's enrollment must be made with one week's notice in writing on the YMCA Change/Drop form. If you choose to withdraw your child from the program, please complete the YMCA Change/Drop form. You may return the form to the Youth Development Services office in person or by fax to 816.931.1847.
5. A late pick up fee of \$1.00 per minute will be assessed to any child picked up after closing time. Fees are payable upon arrival. After 30 minutes past closing time, emergency procedures will be followed.
6. I understand that I must notify the site supervisor or camp director if my child is absent.
7. The YMCA shall provide at least 30 calendar days written notice to the parent or guardian of any basic rate change.
8. I will complete all required forms, including the forms in this packet, prior to my child beginning in the program.
9. I give permission for pictures and/or videos to be taken of my child during YMCA Youth Development Services program activities for promotional purposes.
10. State, county, and local regulatory and protective agencies have, by law, the authority to interview children or staff, and to inspect and audit child, staff, and facility records without prior consent. I understand copies of state and local regulatory mandates are available at the program location for my review.
11. I agree to indemnify and hold harmless the YMCA, its officials, agents, and employees affiliated with the program from and against any and all liability for any injury, which may be suffered by any child or me out of or anyway connected with the participation in the YMCA Youth Development Services programs. I agree to not hold the YMCA responsible for lost or stolen personal items.
12. In the event of an emergency, I give the YMCA permission to take the necessary measures to keep my child free from harm.
13. I agree to have continuing communication with the YMCA in my child's development, behavior, individual needs, attendance, and accounting issues.
14. In order to facilitate participation of those with special assistance reasonable accommodations will be made on an individual basis. I agree to notify YMCA upon registration of any special assistance my child may need so an individual success plan can be developed to support my child.
15. I agree to abide by any reasonable rules, regulations and policies which the YMCA and/or school district may specify.
16. This agreement may be terminated with one day written notice by the YMCA.

I UNDERSTAND AND AGREE TO THE POLICIES ABOVE. I HAVE COMPLETED ALL THE REQUIRED STEPS TO COMPLETE REGISTRATION OF MY CHILD INTO THE YMCA YOUTH DEVELOPMENT SERVICES PROGRAM, FOR THE DAYS AND HOURS INDICATED.

Signature _____

Date _____

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RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

Child's Name _____

I am signing this Agreement because I want my child(ren), if any, as named below, and me to use the facilities, services, or programs of the Young Men's Christian Association of Greater Kansas City (the "YMCA") or because I want the opportunity to provide services to or for the YMCA as a volunteer. If my spouse has also signed, all references to "I," "me," "my," or other uses of the first person include and apply to my spouse to the same extent as to me, and my spouse intends and desires to be fully bound by this Agreement.

In consideration for being permitted to utilize the facilities, services, or programs of the YMCA, or provide services to or for the YMCA as a volunteer, for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, I, for myself, my child(ren) named below, and any personal representatives, heirs, and next of kin, hereby acknowledge, agree and represent that I have or, immediately upon entering or participating, will inspect and carefully consider such premises and facilities or the affiliated program. I warrant that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that I find and accept same as being safe and reasonably suited for the purpose of such observation, use, or participation.

In further consideration of the opportunity for myself or my child(ren), if any, named below, to participate in programs or activities of the YMCA, or for me to provide services to or for the YMCA as a volunteer, whether on YMCA premises or elsewhere:

- **I HEREBY RELEASE, WAIVE, AND DISCHARGE**, both for myself and my child(ren), any and all claims or demands against **AND COVENANT NOT TO SUE** the YMCA, its directors, officers, and employees ("**RELEASEES**") for injury to or death of me or my child(ren), damage to my or my child(ren)'s property, or loss of companionship or affection, whether caused by the negligence of **RELEASEES** or otherwise, that arises or results from my or my child(ren)'s use of facilities, services or programs of the YMCA or my volunteer service to or for the YMCA including, but not limited to, 1) an act or omission by **RELEASEES**, negligent or otherwise; 2) malfunction or break in equipment or facilities; 3) maintenance of any equipment or facilities; 4) instruction or supervision by **RELEASEES**.
- I fully understand the risk of injury to or death of me or my child(ren) or that of others and of damage to property-mine, my child(ren)'s, or others-that might result from my or my child(ren)'s use of the facilities, services, or programs of the YMCA or my volunteer services to or for the YMCA. Nonetheless, **I ASSUME FULL RESPONSIBILITY FOR THAT RISK**, whether due to negligence of **RELEASEES** or otherwise. My child(ren) and I are in good health, and I know of no reason why my child(ren) or I are not capable of using the YMCA's facilities, services, or programs or I am not capable of providing volunteer services to or for the YMCA.
- **I ALSO AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS** the **RELEASEES** from and against any claim for injury to or death of persons, damage to property, or other loss, including without limitation claims asserted by other participants in YMCA programs or activities and members of the public, that the **RELEASEES** may incur due to my or my child(ren)'s use of YMCA facilities, services or programs, or my volunteer service to or for the YMCA, regardless of whether such claims result from the negligence of the **RELEASEES** or otherwise. This indemnity shall survive my and my child(ren)'s use of any or all YMCA facilities, services or programs and the completion of any volunteer services I may provide the YMCA.

I/WE INTEND THAT THIS AGREEMENT BE AS BROAD AND INCLUSIVE AS APPLICABLE LAW PERMITS. IF ANY PORTION IS HELD INVALID, I/WE INTEND FOR THE BALANCE TO CONTINUE AND REMAIN IN FULL LEGAL EFFECT.

I/WE HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, HAVE SIGNED IT VOLUNTARILY, AND FULLY UNDERSTAND ITS MEANING. THIS AGREEMENT SHALL REMAIN IN EFFECT UNTIL I/WE DELIVER A WRITTEN CANCELLATION TO THE YMCA.

Printed Name(s) of child(ren) [If none, write "None"] _____

Signature of Member, Program Participant, or Volunteer _____

Date _____

Signature of Member's or Participant's Spouse _____

Date _____

Printed Name of Member, Program Participant, or Volunteer _____

Printed Name of Member's or Participant's Spouse _____

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