

YWCA NWO Youth Development, Summer Enrichment Camp, Lima, OH

# HOW TO SIGN UP

Turn in this parent pack after completed by mailing or dropping it off at:

**YWCA of Northwest Ohio Youth Development Dept.**

**608 W. High St. Lima, OH 45801**

or email it to: [gbevis@ywcanwo.org](mailto:gbevis@ywcanwo.org)

# YOUR CONTACT INFO

**NAME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ALTERNATE EMAIL OR PHONE NUMBER:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**ywca** of Northwest Ohio TOP Summer Enrichment Camp **Permission of Participation/Medical Waiver**

Name of Youth (please print) \_\_\_\_\_ Name of Parent(s)/Guardian(s) \_\_\_\_\_  
 Address \_\_\_\_\_ Zip code \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_ School Attended \_\_\_\_\_ T-shirt Size (adult size) \_\_\_\_\_

**INSURANCE INFORMATION** YWCA of Northwest Ohio does NOT carry health/accident insurance for summer participants

Primary Policy Holder \_\_\_\_\_ Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Secondary Insurance Holder \_\_\_\_\_ Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Physician's Name \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

**EMERGENCY CONTACTS**

Name(s) of person(s) (if you cannot be reached) and telephone numbers to call in case of emergency:  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 May these people act in your place? yes no

**HEALTH HISTORY**

**Allergies:** check all that apply to your child

My child has no known allergies

My child is allergic to food(s): \_\_\_\_\_  
 Causes anaphylaxis? \_\_\_yes \_\_\_no  
 Describe the reaction to this food and what is done to manage it:  
 \_\_\_\_\_

My child is allergic to this medication: \_\_\_\_\_  
 Causes anaphylaxis? \_\_\_yes \_\_\_no  
 Describe the reaction to this food and what is done to manage it:  
 \_\_\_\_\_

My child is allergic to the following: \_\_\_\_\_  
 Causes anaphylaxis? \_\_\_yes \_\_\_no  
 Describe the reaction to this food and what is done to manage it:  
 \_\_\_\_\_

**Nutrition:**

My child eats a regular diet.

My child eats a restricted diet: \_\_\_\_\_

**Chronic Health Concerns:**

My child has no chronic health concerns and is capable of full participation within the ywca summer program.

My child has the following chronic health concerns:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Menstrual Cramps
<input type="checkbox"/> Headaches	<input type="checkbox"/> Fainting
<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Frequent colds
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Surgical history
<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Other

Information about items above (attach addition information if needed):  
 \_\_\_\_\_

**Mental, Emotional, and Social Health**

- 1. This student has been diagnosed with Attention Deficit Disorder (ADD) or ADHD.....  Yes  No
- 2. This student has a psychiatric diagnosis such as depression, OCD, panic/anxiety disorder.....  Yes  No
- 3. This student has an emotional health concern (please specify).....  Yes  No
- 4. This student has seen or is currently seeing a professional to address mental/emotional concerns.....  Yes  No
- 5. This student has had a significant life event that continues to affect the student's life.....  Yes  No

If "yes," please provide information about the event—death of a loved one, family change, adoption new sibling, survived a disaster—its impact on your student's life and care tips for their time at camp.

\_\_\_\_\_  
\_\_\_\_\_

**When We Need to Talk with You:** We will certainly call in an emergency, but we'll also call if we have questions about your child's health. If we cannot reach you or your emergency contact at the numbers listed, please provide information for other people who know your child and with whom we can consult. We assume you have spoken to these alternative contacts and they are willing to assist should the need arise.

Alternate Contact \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

**What Have We Forgotten to Ask?** Please provide additional information about your child's health that may have been neglected on these forms. We are particularly interested in information that has an impact on your child's ability to fully participate in our program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the above Permission/Medical Waiver Form and am fully familiar with the contents thereof. I give permission of the child named above to participate in the activities of the YWCA Summer Enrichment Camp including any special events/activities described in the schedule. I hereby consent to the Permission/Medical Waiver Form, including the Release of Liability above, on behalf of the child, and hold neither the YWCA of Northwest Ohio, its cooperating organizations, or the staff responsible in case of injury, accident, or illness. I medically authorize the YWCA staff to arrange for medical treatment, if necessary, and will assume financial responsibility.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Date

Photograph

I give permission for the YWCA of Northwest Ohio to use any photographs or video acquired of my child through participation in the TOP Summer Enrichment Camp to be used in future support of and/or recruitment for the YWCA. This may include but is not limited to, newsletters, flyers, advertisements, or website. I also allow any photography or video taken to be used by other media sources, and/or local television news stations that children may come in contact with through volunteer or social action/enrichment projects.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed name of Parent or Legal Guardian

\_\_\_\_\_  
Date

Survey + Data Collection Release

**Consent to Participate in Surveys & Data Collection:** I give my consent for my child to complete surveys during their TOP® Club participation. Wyman Center, Inc. operates a secure environment to collect and store information from student participants in its Teen Outreach Program®. The online system also stores information about the TOP® services each student received.

Wyman collects the following types of information directly from TOP® participants through online surveys:

- Opinions about their experience in TOP®
- Demographics: Ethnicity/race, gender, age, grade level, parents' education level
- Social and emotional skills, sense of self, connections with others
- Grades in school, skipped classes, suspensions, graduation and schooling plans
- Pregnancy, parenting

I understand Wyman and *the YWCA of Northwest Ohio* uses the participants' responses to improve the Teen Outreach Program®. I understand that survey and data collection is voluntary and that my child may choose not to participate at any point in the process without risk of losing TOP® services. I am also aware my child will not be required to disclose more information than is reasonably necessary to participate in Teen Outreach Program® as a condition of participation. I am aware that survey results for the entire TOP group may be used to market Teen Outreach Program® to increase awareness and funding; results may also be used for publications or conference presentations. However, your child's identifying information will not be disclosed except in the case where online access is unavailable and therefore paper survey data is entered by a third party or employee under a strict non-disclosure of confidential information agreement. I also understand that the associated risks for my child to participate in this survey are minimal and will not exceed any discomfort that may be found in any daily life situations when answering routine survey questions.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed name of Parent or Legal Guardian

\_\_\_\_\_  
Date

## Transportation Consent

**Consent to Transport:** Upon designated TOP days at camp dismissal time, participants will be picked up at the school, by parents/guardians, or YWCA Youth Development staff will drop youth off at home. Also as a part of the of the Teen Outreach Program, we will be traveling as a group to our volunteer sites and other community events throughout the course of the program. TOP staff will be providing transportation to these events. Masks may be required on the van. Prior to each event you will find details and locations and must sign the permission slip so that you are aware of exactly where your child will be traveling and how TOP staff can be reached in the event of an emergency.

I authorize YWCA/TOP staff to transport my child as necessary to TOP volunteer, outing, and celebration events. I shall not hold either the YWCA or its affiliated volunteer agencies responsible in the event of an accident. I understand that transportation may take place in an agency, program staff, or rental vehicle.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed name of Parent or Legal Guardian

\_\_\_\_\_  
Date