



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Summer Day Camp 2026 Required Paperwork Checklist

Items below need to be completed and all forms are available at:

<https://www.mcgawymca.org/camps/summer/>

Please return all items by **May 1st** to keep your child's registration in good standing.

- Copy of Birth Certificate
- Emergency Consent and Release *(must have at least 2 emergency contacts outside of the home)*
- Copy of Most Recent Physical
- Developmental History
- Photo Release
- Draft Form
- COVID-19 Waiver
- Late Pick-Up Policy
- Camp Handbook Acknowledgment *(Policy Handbook available at front desk or online)*
- Email/Text Communication form
- On-Site Services Form
- DCFS Acknowledgment
- Individualized Services & Support form *(As needed)*
- Medical Consent Form - Prescription/Non-Prescription *(As needed)*
- Food Allergy Action Plan *(if your child has an allergy that requires medicine)*
- Van Acknowledgment Form

Each child's files must be complete before the child may attend camp. Thank you for your cooperation.

We will be offering paperwork check-ins to ensure this process is an easy one. We'll have all the forms available and the files ready to be re-signed. Just a reminder that all of our camp paperwork is also available online at the McGaw YMCA Children's Center website and you may submit it at any time.

For your convenience, we are offering the following paperwork check-in times:

Thursday, April 2 from 3:30pm–5:30pm
Monday, April 6 from 3:30pm–5:30pm
Tuesday, April 14 from 3:30pm–5:30pm
Wednesday, April 22 from 3:30pm–5:30pm



EMERGENCY CONTACTS, CONSENT & RELEASE

Please list names, addresses, relationship and phone numbers of any persons you would like to have on your permanent list, who have your consent for the Center to release your child from our care into their custody. These people may also be called in emergencies, if the Center is not able to contact the legal guardians or caregivers or adults, residing in the household at the numbers given previously:

Please list the name and relationship of other adults living in your household (grandparent, nanny, etc.):

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____

You must completely fill out at least TWO Emergency Contacts and Authorized Pick Ups who do not live in your household. Anyone listed must have complete contact information.

Required Contacts

1. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____ Birth Date _____

2. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____ Birth Date _____

Additional Contacts

3. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____ Birth Date _____

4. Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Work Phone _____ Birth Date _____

I authorize the McGaw YMCA Child Care Center to release my child to the person(s) listed above to act on my behalf in an emergency in the event that I cannot be reached. These persons will show staff proper identification with matching addresses before my child will be released. It is my responsibility to keep all information current.

Parent/Legal Guardian Signature _____
Date



MEDICAL CONSENT

I, the parent/legal guardian of _____ give consent to have my child receive first aid by Center staff. I understand that the center staff receives training in the basics of first aid and CPR. I authorize the McGaw YMCA Child Care Center to secure emergency medical treatment for my child. I give consent for those listed as pick-up and emergency contacts to act on my behalf until I am available. I accept responsibility for any and all expenses incurred in securing emergency medical treatment for my child.

I authorize the McGaw YMCA Child Care Center, and its staff and agents, to administer medication (over the counter and prescribed) to my child as specified in the physician’s written instructions or instructions on packaging. The McGaw YMCA Child Care Center has my permission to apply any topical ointment, such as diaper ointment, sunscreen, lip balm, lotion, insect repellent, etc.

Parent/Legal Guardian
Signature _____ Date _____

CONSENT FORMS: Initial & sign in the spaces below to indicate your acknowledgement and acceptance of the outlined terms and conditions.

____ I authorize the McGaw YMCA Children’s Center, its staff, and agents, to take my child on walking trips, excursions, and field trips. I also give permission for my child to be transported in a school bus contracted by McGaw YMCA, or as a passenger in any vehicle owned or leased by the McGaw YMCA. I am responsible for communicating with the McGaw YMCA Children’s Center before the designated time if my child will not attend that day.

____ I give permission for my child to participate in physical activities such as gym and swimming. I understand that physical activities are a regular part of the program my child attends.

____ I have read the Parent Handbook and agree to abide by the policies and regulations therein including the Guidance and Discipline policies. The Parent Handbook is located online and in your child’s classroom.

<https://www.mcgawymca.org/camps/summer/>

____ I authorize the McGaw YMCA Children’s Center to send electronic information through the email and cell phone provided.

Parent/Legal Guardian
Signature _____ Today’s Date _____

Each year your child attends our programs; the information on this form must be reviewed for accuracy.

I have reviewed the information on this form and verify all information is still accurate:

_____	_____
Parent/Legal Guardian Signature	Updated Date
_____	_____
Parent/Legal Guardian Signature	Updated Date
_____	_____
Parent/Legal Guardian Signature	Updated Date



State of Illinois Certificate of Child Health Examination

FOR USE IN DCFS LICENSED CHILD CARE FACILITIES
CFS 600
Rev 2/2013



Student's Name			Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#
Last	First	Middle	Month/Day/Year			
Address			Parent/Guardian		Telephone # Home	
Street	City	Zip Code			Work	

IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

Vaccine / Dose	1 MO DA YR			2 MO DA YR			3 MO DA YR			4 MO DA YR			5 MO DA YR			6 MO DA YR		
	DTP or DTaP																	
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus influenza type b																		
Hepatitis B (HB)																		
Varicella (Chickenpox)										COMMENTS:								
MMR Combined Measles Mumps. Rubella																		
Single Antigen Vaccines	Measles			Rubella			Mumps											
Pneumococcal Conjugate																		
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza																		

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.)

Signature	Title	Date
Signature	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease	Signature	Title	Date
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3. Laboratory confirmation (check one) Measles Mumps Rubella Hepatitis B Varicella
Lab Results Date MO DA YR (Attach copy of lab result)

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN

Date											Code:		
Age/Grade												P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts	
	R	L	R	L	R	L	R	L	R	L	R		L
Vision													
Hearing													

Last First Middle	Birth Date Month/Day/ Year	Sex	School	Grade Level/ ID
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HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)			MEDICATION (List all prescribed or taken on a regular basis.)		
Diagnosis of asthma?	Yes	No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No
Child wakes during night coughing?	Yes	No	Hospitalizations? When? What for?	Yes	No
Birth defects?	Yes	No	Surgery? (List all.) When? What for?	Yes	No
Developmental delay?	Yes	No	Serious injury or illness?	Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No	TB skin test positive (past/present)?	Yes*	No
Diabetes?	Yes	No	TB disease (past or present)?	Yes*	No
Head injury/Concussion/Passed out?	Yes	No	Tobacco use (type, frequency)?	Yes	No
Seizures? What are they like?	Yes	No	Alcohol/Drug use?	Yes	No
Heart problem/Shortness of breath?	Yes	No	Family history of sudden death before age 50? (Cause?)	Yes	No
Heart murmur/High blood pressure?	Yes	No	Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other		
Dizziness or chest pain with exercise?	Yes	No	Information may be shared with appropriate personnel for health and educational purposes.		
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			Parent/Guardian Signature	Date	
Ear/Hearing problems?	Yes	No			
Bone/Joint problem/injury/scoliosis?	Yes	No			

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA
HEAD CIRCUMFERENCE if < 2-3 years old **HEIGHT** **WEIGHT** **BMI** **B/P**

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) **BMI>85% age/sex** Yes No And any two of the following: **Family History** Yes No
Ethnic Minority Yes No **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes No **At Risk** Yes No

LEAD RISK QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

Questionnaire Administered? Yes No **Blood Test Indicated?** Yes No **Blood Test Date** **Result**

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. **No test needed** **Test performed**

Skin Test: Date Read / / **Result: Positive** **Negative** **mm** _____

Blood Test: Date Reported / / **Result: Positive** **Negative** **Value** _____

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit			Sickle Cell (when indicated)	
Urinalysis			Developmental Screening Tool	

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other	

NEEDS/MODIFICATIONS required in the school setting **DIETARY** Needs/Restrictions

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
 If you would like to discuss this student's health with school or school health personnel, check title: Nurse Teacher Counselor Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g. seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
 Yes No If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified please attach explanation.)

PHYSICAL EDUCATION Yes No Modified **INTERSCHOLASTIC SPORTS** Yes No Limited

Print Name _____ (MD,DO, APN, PA) Signature _____ Date _____

Address _____ Phone _____

(Complete Both Sides)



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School Age Developmental History

In an effort to help us know and understand your child, we ask that you complete this form. It is important that you answer all of the questions. Staff that will be working directly with your child and will be reviewing this information.

Child's Full Name _____ Nickname _____

Date of Birth _____ Age _____ Grade in the Fall _____ School in the Fall _____

Child resides with: Both parents Mother Father Other _____

Family members in household: _____

My child identifies as (optional):

Female

Male

Nonbinary

Child's Development and Personality

What are your child's favorite activities?

Please describe your child's temperament, personality, needs, abilities, etc.

What are your child's strengths and challenges?

How does your child handle transitions from one activity/place to another? What have you found that works to ease these transitions?

Describe your child's ability to make and keep relationships/friendships with adults and children.

How does your child show emotions of anger, being scared, tense, or uncomfortable? How do you comfort them in these instances?

In general, how do you handle discipline?

Do you have any suggestions for our staff, which may help your child be successful?

Are there any home factors that might help us better support your child?

Consider changes such as recent move, births, illnesses, divorce, separation, or any unusual circumstances.

Medical History

Does your child have Asthma or another chronic condition? Yes No If YES, please explain and give any pertinent information.

Does he/she have any allergies or sensitivities? Yes No If YES, please explain and give any pertinent information

Does your child have any food allergies? Yes No If exposed, what does the reaction look like?

Does your child take any medications regularly? Yes No

If YES, please list medications. To administer, we must have a signed medical consent forms and doctor's prescription. For more information, please read information regarding medications in the Parent Handbook.

Does your child wear any appliances? (glasses, contacts, mouth guard, etc.)

Does your child have fair skin or burn easily? Please include any special notes regarding sunscreen/bug spray application.

Experiences

What water or swimming experiences does your child have? For example: beach, pool, lake, water park

Please check your child's swimming ability:

- NON-SWIMMER (my child cannot swim)
- SOME SWIMMING ABILITIES (my child can swim, but is not advanced)
- ADVANCED SWIMMER (my child is a proficient swimmer)

How comfortable is your child in the water?

What do you want your child to gain from his or her experience in the School Age program?

Please circle all that apply

- | | | |
|---|--|--|
| <input type="checkbox"/> Make new friends | <input type="checkbox"/> A structured homework time | <input type="checkbox"/> Learn new skills |
| <input type="checkbox"/> Gain a sense of belonging | <input type="checkbox"/> Experience new things | <input type="checkbox"/> Learn to swim |
| <input type="checkbox"/> Higher self-esteem | <input type="checkbox"/> Become more outgoing | <input type="checkbox"/> Have a lot of fun |
| <input type="checkbox"/> Opportunity for creativity | <input type="checkbox"/> Learn the core values of the YMCA, caring, honesty, respect & responsibility. | <input type="checkbox"/> Learn to get along better with other children |
| <input type="checkbox"/> Good adult role models | | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Become less shy | | |

If you have any other information that you would like to share with us about your child, please feel free to use this space or attach additional documents.

I have reviewed the information on this form and verify all information is accurate:

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Updated Date



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PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;
- YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

I am the Mother/Father/Legal Guardian of (_____).

For the consideration contained herein, I hereby CONSENT to the foregoing on behalf of my minor child.

For the consideration contained herein, I hereby DO NOT consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Parent/Guardian Printed Name: _____

Date: _____



<input type="checkbox"/> Children's Center only <input type="checkbox"/> Membership and Children's Center

McGaw YMCA Children's Center

Checking Account/Credit Card Draft Agreement

This agreement authorizes the McGaw YMCA to charge your bank account or credit card monthly fees.

Please note: A receipt can be emailed to your address on file if requested.

Child's Name: _____ Child's Class: _____

Program Start Date: _____ Draft Start Date: _____

Parent/Guardian Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____

The McGaw YMCA is a 501(c)(3) charitable organization. Please consider a tax-deductible contribution to support child care for families who cannot afford to pay full price and check the appropriate box below. Contributions will be processed each month at the same time as your tuition.

- | | |
|---|--|
| <input type="checkbox"/> \$5/month (supports one class section for a child) | <input type="checkbox"/> \$50/month (supports membership for a single-parent family) |
| <input type="checkbox"/> \$15/month (supports a youth membership) | <input type="checkbox"/> Other monthly amount: _____ |
| <input type="checkbox"/> \$30/month (supports two youth membership) | <input type="checkbox"/> One-time donation of: _____ |

FOR CHECKING ACCOUNT DRAFTS
We cannot accept debit cards for bank drafts. To draft from your checking account, please provide a voided check.
Name on account: _____
Routing Number: _____ Account Number: _____

FOR CREDIT CARD DRAFTS
We accept Mastercard, Visa, and Discover.
Name on card: _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Am Ex
Card Number: _____ Exp. Date: _____ CVV: _____

I authorize the McGaw YMCA to debit the balance of my childcare account from the above listed account on or around the 1st of the month or 15th of the prior month. I understand that bank holidays may delay the draft.

I understand that it is the responsibility of the drafted party to maintain sufficient funds to cover all drafts as well as to inform the McGaw YMCA of any changes in account information. If drafts are refused for any reason, a \$25 fee will be charged and payment by cash or money order must reach the YMCA's registration office with 48 hours of notification. Failure to make this payment will result in a discontinuation of childcare services.

I agree to the terms and conditions of the withdrawal of funds from my checking account or credit card as outlined above. I authorize the McGaw YMCA to draft my checking account or credit card for childcare fees. I understand that this draft will continue until the end of the program or 30 Days after the receipt of my cancellation in writing.

Draftee's Signature: _____ **Date:** _____

For office use only:
Received: Staff: _____ Date: _____ **Input:** Staff: _____ Date: _____ **Updated:** Staff: _____ Date: _____

ADULT PARTICIPANT WAIVER, RELEASE AND ACKNOWLEDGEMENT

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. McGaw YMCA has put in place preventative measures to reduce the spread of COVID-19; however, **McGaw YMCA cannot guarantee that you will not become infected with COVID-19.** Further, participation could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING

By signing this agreement, **I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death.** I understand that the risk of becoming exposed to or infected by COVID-19 at McGaw YMCA may result from the actions, omissions, or negligence of myself and others, including, but not limited to, McGaw's employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at McGaw YMCA. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless McGaw YMCA, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of McGaw YMCA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at McGaw YMCA.

I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

In the event that I file a lawsuit, I agree to do so in the state where McGaw YMCA is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

If I have signed a separate general waiver of liability connected to my participation at McGaw YMCA I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

Signature _____ **Print Name** _____

Address _____ **City** _____ **State** _____

Zip _____ **Telephone (_____)** _____ **Date** _____

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)**

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releases from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian _____ **Print Name** _____ **Date** _____



EVANSTON/SKOKIE
SCHOOL DISTRICT 65

Every Child, Every Day,
Whatever it Takes

AUTHORIZATION TO RELEASE/EXCHANGE CONFIDENTIAL INFORMATION
(District 65 and YMCA)

School:	Student Name:	Date:
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Student Name:	Date of Birth:	Age:	Grade:	Gender:
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I, as parent or legal guardian of the above-named student, give my consent to District 65 to release or receive information on my child from a person, school, or agency, as indicated below:

- RELEASE Information
- RECEIVE Information

Parent/Guardian Name:	Relationship to Student:		
Address:	City:	State:	Zipcode:
Phone:	Email:		

The following information is requested to assist in educational planning and coordination of services:

- Psychological Reports
- Social Work Reports
- Psychiatric Reports
- Medical/Health Records
- Educational Records/Reports
- Most Recent Case Study Eva. & IEP
- Telephone Contact/s
- Other _____

Under the Illinois Mental Health & Development Disabilities Confidentiality Act, Confidential Reports from other organizations cannot be re-released as a part of the school record. Such information should be obtained directly from the specific organization. Records covered under this act include psychological reports and other mental health records and require student signature if 12 years or older.

1500 McDaniel Avenue
Evanston, Illinois 60201

P 847.859.8000
F 847.866.7241

Evanston/Skokie SD 65
www.district65.net



EVANSTON/SKOKIE
SCHOOL DISTRICT 65

Every Child, Every Day,
Whatever it Takes

I understand that, as a parent or guardian, I control access and release of student records to all individuals, agencies or schools other than the school in which my child is enrolled. I also understand that I have the right to inspect, copy, and challenge the educational relevancy of my child's school records.

I further understand that my consent to release/exchange confidential information can be revoked at any time.

The consequences of not signing this release are:

Parent/Guardian Signature: _____ Date: _____

Student Signature (12 yrs or older): _____ Date: _____

This consent is valid until this specific date: _____

cc: District

- Student File
- Case Manager
- Supervisor
- Parent

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Evanston/Skokie SD 65
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EVANSTON/SKOKIE
SCHOOL DISTRICT 65

Every Child, Every Day,
Whatever it Takes

Parental Consent Form
McGaw YMCA Summer Learning Program

Student Name:	Date of Birth:	Age:	Grade:	Gender:
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Parent/Guardian Name:	Relationship to Student:		
Address:	City:	State:	Zipcode:
Phone:	Email:		

Emergency Contact Name:	Relationship to Student:		
Phone:	Email:		

Evanston/Skokie School District 65 and the YMCA have partnered to provide daytime enrichment and remote learning support for students this school year. In order to help the YMCA place each student in the right part of the program, the District has agreed to provide certain information to the YMCA about each student. In order to provide this information, the District must have a parent or guardian's consent to do so. By signing this form, the parent/legal guardian will allow the District to share the information with the YMCA and enable each student to get the most out of this learning opportunity.

As the parent/legal guardian, I authorize Evanston/Skokie School District 65 to release to the YMCA Remote Plus program my child's assessment data, specifically STAR and I-Ready data, for the purposes of the YMCA determining the proper placement of my child in its program.

Parent/Guardian Signature: _____ Date: _____

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Evanston, Illinois 60201

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Evanston/Skokie SD 65
www.district65.net



Late Pick-up Policy

Parents of participants enrolled in **Children's Center Programs** will be charged **\$1.00 per minute / family** based on the **program pick-up times** listed below:

- **Full Day, School's Out - 6:00pm**
 - **Summer Day Camp - 5:30pm**
 - **Summer Learning Program (SLP) - 4:30pm**
 - **MetaMedia Summer Experience (MSX) - 12:30pm**
-
- If you know you are going to be late please notify the center so we can let your child and the teachers know. **Late fee will still be charged.**
 - If a parent or authorized pick-up person does not arrive or call by 5 minutes past the designated pick-up up time, staff will assume an emergency exists and will begin to call emergency contacts for your child.
 - If no emergency contact can be reached within 1-hour past designated pick-up time, staff may contact the Evanston Police Department who will pick up the child.
 - **Late fees must be paid within 5 business days of the late pick up date.**
 - Failure to pay late pick-up fees can be cause for the child's suspension or termination from the program.
 - Continued disregard for the pick-up times can result in suspension or termination form the program.

It is very important to have updated contact information in your child's file at all times. Any child who is not picked up will be under the supervision of an assigned teacher/administrator until the parent, emergency contact, or the authorities arrive. All information about the incident will be discussed directly with the parent or guardian and never with the child.

Child(ren)'s Name(s): _____

Parent/Guardian Signature: _____	Date: _____
Update Signature: _____	Date: _____
Update Signature: _____	Date: _____

McGaw YMCA Children's Center
Parent Signature Page

I have received and read the 2026 McGaw YMCA Children's Center Summer Day Camp Parent Handbook and agree to the policies and procedures set forth within. **You can find the electronic version of the Camp Handbook on our website at <https://www.mcgawymca.org/camps/summer/>

Child's name (please print) _____

Parent's name (please print) _____

Signature _____

Date _____

Please return with camp enrollment paperwork prior to the start of camp.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TEXT & EMAIL COMMUNICATION Summer 2026

We will do our best to provide you and your family up to date and accurate communications through our text & email distribution systems. In order to provide this information please make sure that we have your accurate email in our system. The contact information you provide will also be used by administration to get in touch with you if necessary.

PLEASE PRINT CLEARLY:

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

Child's Name: _____ Class: _____

Parent/Guardian #1: _____

Email Address: _____

Cell/Text: _____ Cell Phone Carrier: _____

Parent/Guardian #2: _____

Email Address: _____

Cell/Text: _____ Cell Phone Carrier: _____

Please EMAIL communications to:

- Parent #1
- Parent #2

Please TEXT communications to:

- Parent #1
- Parent #2

The MAIN CONTACT in our computer system for my family should be:

- Parent #1
- Parent #2

Please make sure to keep all of your information accurate with the Site Coordinator.



Acknowledgement of On-Site Services

I, the undersigned parent of _____ acknowledge that
child's name
the vendors listed below provide food and/or services to the McGaw
YMCA Children's Center.

- Food2You -
provides catered lunches and organic milk daily
- Performance Foods -
provides snack and breakfast items weekly
- Aegis Pest Control Solution -
provides indoor and outdoor preventative pest control services
monthly
- 4M Cleaning Services -
provides daily and nightly cleaning services

Signature lines provided below are designated for annual reviews of this form

I have reviewed the information on this form and verify all information is accurate:

Parent Signature: _____ **Date:** _____

Updated Signature: _____ **Date:** _____

Updated Signature: _____ **Date:** _____

YMCA Van and Bus Transportation Permission & Policies

The McGaw YMCA is committed to providing safe, reliable, and caring transportation for children participating in our programs. We understand that trusting us with your child's transportation is important, and safety is always our top priority.

These policies apply to all YMCA-provided bus and van transportation, including after-school programs, non-attendance days, and Summer Day Camp.

Camper Code of Conduct

The YMCA Camper Behavior Code of Conduct applies at all times while riding in a YMCA vehicle. To help ensure a safe and positive ride for everyone:

- Eating and drinking are not permitted.
- Campers must remain seated with seat belts fastened at all times.
- Hands, arms, legs, and personal items must remain inside the vehicle.
- Campers may not tamper with emergency doors or safety equipment.
- Campers must follow all directions given by the driver and YMCA staff.
- Disruptive behavior (throwing objects, shouting, or distracting the driver) is not permitted.

Transportation is a privilege. If expectations are not met, staff may assign seats, take disciplinary action, or suspend transportation privileges as needed to keep everyone safe.

Driver Safety & Training

All YMCA drivers are trained YMCA staff members and meet YMCA and DCFS licensing requirements. Drivers are expected to:

- Hold a valid driver's license and complete required training and background checks.
 - Follow all traffic laws and YMCA transportation procedures.
 - Remain focused on driving at all times; phone use is not permitted while driving or stopped in traffic.
 - Ensure all riders are seated and wearing seat belts before the vehicle is in motion.
 - Maintain a calm, respectful environment.
 - Report any incident, concern, or accident—no matter how minor—to program leadership immediately.
-

Vehicle Safety & Maintenance

- YMCA vans are regularly inspected and maintained in accordance with DCFS licensing standards.
- Drivers complete a safety check before each route, including fuel level, visibility, and overall vehicle condition.

- Vans are kept clean, safe, and welcoming for all riders.
-

Transportation Procedures

- Transportation routes and schedules are created and managed by YMCA program leadership.
 - Routes and schedules may not be changed without prior approval.
 - Families will be notified as appropriate in the event of a driver absence or schedule adjustment.
-

Questions About Safe Transportation

The McGaw YMCA adheres to all DCFS licensing standards regarding the transportation of children. For more information or a complete list of these standards, please contact the Director of School-Age Programs.

Parent/Guardian Permission & Acknowledgment

I give permission for my child to be transported in a YMCA van as part of their participation in YMCA programs.

I have read and understand the YMCA Van Transportation Permission & Policies and agree to support these expectations.

Parent/Guardian Signature: _____ Date: _____

**SUMMARY OF
LICENSING
STANDARDS
FOR
DAY CARE
CENTERS**

Introduction

The Department of Children and Family Services (DCFS) is responsible for licensing day care centers. When a day care center is licensed, it means that a DCFS licensing representative has inspected the facility and the facility was found to meet the minimum licensing requirements. A license is valid for three years. The day care center's license must be posted. It will indicate the maximum number of children allowed in the facility and the areas where children may receive care.

Licensed day care facilities are inspected annually by DCFS licensing staff. If a complaint has been received regarding a violation of the licensing standards of a day care center, a licensing representative will conduct a licensing complaint investigation to determine if the alleged violation should be substantiated or unsubstantiated. Individuals may contact the Day Care Information Line to learn of substantiated violations.

Day Care Information Line **1-877-746-0829**

This statewide toll-free information line provides information to the public on the past history and record, including substantiated violations, of licensed day care homes, day care centers, and group day care homes. This number operates Monday through Friday from 8:30 a.m. to 5:00 p.m.

Summary of Licensing Standards for Day Care Centers

The following is a summary of the licensing standards for day care centers. It has been prepared for you so that you may monitor the care provided to your child. This is a summary and does not include all of the licensing standards for a day care center. State licensing standards are *minimum* standards. If you observe a violation of any of these standards, you are encouraged to discuss your concerns with the day care center operator. In most cases, parents and day care operators are able to resolve the parents' concerns and issues. If you believe the day care operator is not responding to your concerns and may not be meeting state licensing standards, you may make a complaint to the local DCFS Licensing Office or by calling the Child Abuse Hotline at 1-800-252-2873 and stating that you want to make a licensing complaint. A DCFS licensing representative will investigate

your complaint and report the results back to you. The day care center is required to provide a copy of its own written policies regarding the operation of the facility to each staff person and to parents of enrolled children.

Staffing

- The day care center must have a qualified child care director on site at all times. The director must be at least 21 years old, have completed two years of college or have equivalent experience and credentials.
 - Early childhood teachers must be at least 19 years old, have two years of college or have equivalent experience and credentials.
 - School-age workers must be at least 19 years of age and at least five years older than the oldest child in their care. They must have completed one year of college or have the equivalent experience and credentials.
 - Early childhood assistants and school-age assistants must have a high school diploma or the equivalent and must work under direct supervision of an early childhood teacher or a school-age worker.
 - Student and youth aides must be at least 14 years of age, at least five years older than the oldest child in their care, and must work under direct supervision of an early childhood teacher or a school-age worker.
 - Student and youth aides are not generally counted for purposes of maintaining staff/child ratios.
 - The director and all child care staff must have 15 hours of in-service training annually.
 - All staff must have current medical reports on file and are subject to background checks for any record of criminal conviction or child abuse and neglect.
 - A person certified in first aid, including CPR and the Heimlich maneuver, must be present at all times.
-

Group Size and Staff Requirements:

AGE OF CHILDREN	STAFF/CHILD RATIO	MAXIMUM GROUP SIZE
Infants (6 weeks through 14 months)	1 to 4	12
Toddlers (15 through 23 months)	1 to 5	15
Two years	1 to 8	16
Three years	1 to 10	20
Four years	1 to 10	20
Five years (preschool)	1 to 20	20
School-age: Kindergartners present	1 to 20	30

- Exception: One early childhood teacher and an assistant may supervise a group of up to 30 children if all of the children are at least five years of age.
- Whenever children of different ages are combined, the staff/child ratio and maximum group size must be based on the age of the youngest child in the group.

General Program Requirements

- Parents must be allowed to visit the center without an appointment any time during normal hours of operation.
 - Staff must demonstrate respect for each child enrolled regardless of gender, ability, cultural, ethnic or religious differences.
 - There must be a balance of active and quiet activity. Daily indoor and outdoor activities are to be provided for children to make use of both large and small muscles.
 - In pre-school programs where children receive care for less than three hours per day, outdoor activity is not required.
 - Children may not be left unattended at any time.
-

Infants and Toddlers

- Infants and toddlers must be in separate space away from older children.
- A refrigerator and sink must be easily accessible.
- Toys and indoor equipment must be cleaned and disinfected daily. Safe, durable equipment and play materials must be provided.
- Either the day care center or the parent may provide food for infants not consuming table food. Feeding times and amounts consumed must be documented in writing.
- No food other than formula, milk, breast milk or water may be placed in a bottle for infant feeding. Microwaves are not to be used for bottle warming.
- Children who cannot turn over alone must be placed on their backs.
- The facility must have a clearly defined diaper changing area with the procedures for changing diapers clearly posted. A hand-washing sink must be accessible for hand washing.
- Staff changing diapers must wash their hands and the child's hands with soap and running water after diapering.
- Information about feeding, elimination and other important information must be recorded in writing and made available to parents when the child is picked up at the end of the day.
- Only new cribs manufactured on or after June 28, 2011 must be in place

School-Age Children

- The facility must have a designated area for school-age children so they do not interfere with the care of younger children.
 - Clear definitions of responsibility and procedures are to be established among parent, day care center and school when children move to and from school.
 - A variety of developmentally appropriate activities and materials must be available for children. Opportunities must be provided to do homework, if requested.
-

Evening, Night and Weekend Care

- Family-like groups of mixed ages are allowed.
- Staff must be awake at all times and in the sleeping area whenever children are sleeping.
- Each child must have an individual cot, bed or crib.
- An evening meal and a bedtime snack must be served.
- Breakfast must be served to all children who have been at the facility throughout the night and are present between 6:30 a.m. and 8:30 a.m.

Enrollment and Discharge

- Parents must be provided the names, business address and telephone number of persons legally responsible for the program.
- Parents must be provided, in writing, information on the program, fees, arrival and departure policies explaining to the parents and guardians what actions the caregiver will take if children are not pick up at the agreed upon time, and the guidance and discipline policies.
- Parents must complete an enrollment application, which includes, for first time enrolment, providing a certified copy of their child's birth certificate (which will be copied by the center and returned to the parent), emergency numbers, and persons authorized to pick up their child.
- A child may only be released to a parent or other responsible person designated by the parent.
- Daily arrival and departure logs must be kept by the center.

Guidance and Discipline

- Parents must be given a copy of the guidance and discipline policy.
 - The following are prohibited:
 - corporal punishment
 - threatened or actual withdrawal of food, rest or use of the bathroom
 - abusive or profane language
 - public or private humiliation
 - emotional abuse, including shaming, rejecting, terrorizing or isolating a child
-

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- “Time-out” is to be limited to one minute per year of age. “Time-out” may not be used for children less than two years of age.

Transportation

- The driver must be 21 years of age and hold a driver’s license that has been continuously valid for three years.
- Children must not be allowed to stand or sit on the floor of the vehicle. Age appropriate safety restraints must be used when transporting children in vehicles other than school buses.
- The driver must make sure that a responsible person is present to take charge of a child when delivered to his or her destination.

Health Requirements for Children

- A medical report indicating that the child has been appropriately immunized must be on file for each child. Parents are encouraged to be informed about childhood immunizations by going to the following Web site: http://www.state.il.us/dcf/daycare/Childhood_Immunizations.shtml. A tuberculin skin test is to be included in the initial exam unless waived by a physician.
 - The medical report is valid for two years for infants and preschool children. Exams for school-age children are required consistent with the requirements of the public schools.
 - The center will comply with the Illinois Department of Public Health’s Hearing and Vision Screening Codes and the Illinois Child Vision and Hearing Test Act.
 - Children aged one to six years must have either a lead risk assessment or a lead screening.
 - Water must be freely available to all children.
 - Children’s hands must be washed with soap and water upon arrival at the center, before and after meals or using the toilet, after wiping or blowing their noses, after outdoor play and after coming into contact with any soiled objects.
-

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- Prescription and non-prescription medication may be accepted only in its original container. The center must maintain a record of the dates, times administered, dosages, prescription number (if applicable) and the name of the person administering the medication.
 - Medication must be kept in locked cabinets or other containers that are inaccessible to children.

Nutrition and Meals

- Menus must be posted.
- Meals and snacks must meet nutritional guidelines.
- Children in care two to five hours must be served a snack. Children in care five to 10 hours must be served a meal and two snacks or two meals and one snack. Children in care more than 10 hours must be served two meals and two snacks or one meal and three snacks.

Napping and Sleeping

- Children under six years of age who remain five or more hours must have the opportunity to rest or nap.
- Infants must sleep in safe, sturdy, freestanding cribs or portable cribs.
- Toddlers may use either stacking cots or full-size cribs.
- A cot or bed must be provided for each toddler or preschool child in attendance five or more hours. Each cot, bed or crib must be labeled with the name of the child.

Physical Space

- Infants and toddlers must be housed and cared for at ground level unless special approval has been granted from the Department.
 - Indoor space must provide a safe, comfortable environment for the children. Floors and floor coverings must be washable and free from drafts and dampness.
 - Toilets and lavatories must be readily accessible to the children.
-

-
- Hot and cold running water must be provided.
 - Hazardous items must be inaccessible to children.
 - Parents must be notified before pesticides are applied, unless in an emergency
 - Exits must be unlocked and clear of equipment and debris.
 - Drills for fire and tornado must be conducted. A floor plan must be posted in every room indicating the areas providing the most safety in the case of a tornado and the primary and secondary exit routes in case of fire.
 - Smoking or the use of tobacco products in any form is prohibited in the child care center or in the presence of children while on the playground or on trips away from the center.
 - Play materials must be durable and free from hazardous characteristics.
 - The facility may not use or have on the premises any unsafe children's product as described in the Children's Product Safety Act. Lists of unsafe children's products and recalls from 1989 to now are available at: www.idph.state.il.us/webapp/SRSApp/pages/index.jsp.
 - The facility must be cleaned daily and kept in sanitary condition at all times.
 - First-aid kits must be maintained and readily available for use.

Outdoor Play Area

- Play space must be fenced or otherwise enclosed or protected from traffic and other hazards. There must be a shaded area in summer to protect children from excessive sun exposure.
 - All areas of the outdoor play space must be visible to staff at all times.
 - Equipment must be free of sharp points or corners, splinters, protruding nails or bolts, loose or rusty parts, the potential for entrapment and/or other hazards.
 - Protective surfaces must be provided under equipment from which a child might fall
-

-
- All swimming pools must be fenced or otherwise inaccessible to children.
 - During hours of operation and at all times that children are present there must be a means for parents of enrolled children to have direct telephone contact with a center staff person.

This summary has been developed to assist parents in monitoring the care provided by the day care center.

For a complete copy of the Licensing Standards, write or call

*Department of Children and Family Services
Office of Child and Family Policy
406 East Monroe Street
Springfield, Illinois 62701
Telephone (217) 524-1983*

Licensing Standards for Day Care Centers may also be accessed through the DCFS website: www.state.il.us/dcfs and following the links to Part 407, Licensing Standards for Day Care Centers. You may also contact your nearest DCFS office.

CFS 581
Rev. 12/2000

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent

Date

Signature of Parent

Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.



MCGAW YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Individualized Services & Support Form

Date: _____
Child's Name: _____
Program & Classroom: _____
Parent(s)/Family Name: _____
Phone Number: _____
Best Time to Call: _____
Email Address: _____

Specialized Needs

Please check and describe all that apply

Medical

Allergies

(Please list any known allergies for this child)

Medications

(Please list names of any medications that have been prescribed for this child and dates to administer/expiration dates)

Medical conditions

(Please list any medical conditions that this child may need support with)

Services

Has this child had an IFSP/IEP in the past or currently? Yes No

Does this child receive one-on-one support (in school or privately)? Yes No

Has your child been diagnosed with a disability? Yes No

If yes, please describe:

Please select any of the services that this child is currently receiving:

Speech Therapy Occupational Therapy Physical Therapy Social Work Services

Behavioral/Counseling Services Feeding Therapy Adapted Physical Education

(APE) Other _____

Please share any additional information about your child's individualized care needs if this applies:

Please attach any relevant documentation with this form (IEPs, 504 Plans, Service Reports, etc.). The Family Support Staff will contact you to meet, discuss, and develop a support plan for your child in our program if applicable.



MEDICAL CONSENT FORM – PRESCRIPTION/NON-PRESCRIPTION

Name of Child: _____ Today's Date: _____

Class Name: _____ Name of Medication: _____

Start Date: _____ End Date: _____

I, _____, give permission to _____ to administer _____ of
Name of parent/guardian Authorized staff Name of medication

_____ to my child, _____, at approximately _____ on
Dose amount Child's name Times of dosage

_____ for _____.
Dates of authorized dosage Reason for medication

Has your child received this medication before? If YES, when: _____

Has your child been given a dosage of this medication today? If yes, time of last dose _____

Additional dosage information or instructions: _____

Possible side effects to watch for with this medication: _____

Name and phone number of child's physician: _____

Signature of parent/guardian: _____ Date: _____

TO BE COMPLETED BY YMCA STAFF

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is the permission form above completed and signed by parent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the medication in a safety-cap container? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the original prescription or store label on the medication container? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is the name of the child given above on the container? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the date on the prescription current (within the month for antibiotics and within the expiration date for other types of medication)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the dose, name of drug, and frequency of administration provided on the label the same as the parental instructions given above? | <input type="checkbox"/> | <input type="checkbox"/> |

MEDICATION CAN BE ADMINISTERED ONLY IF THE ANSWERS TO ALL ABOVE QUESTIONS ARE "YES."

All questions have been checked by staff _____
Staff Signature

If some questions were not checked yes, please explain:

MEDICAL AUTHORITY MODIFIED MEAL REQUEST FORM

For Use in the USDA School Nutrition Programs, Child and Adult Care Food Program, & Summer Food Service Program

This form may be used to request a meal modification for a child with a physical or mental impairment that restricts their diet. Portions of this form must be completed by a State Licensed Healthcare Professional, which refers to an individual authorized to write medical prescriptions under Illinois law.

SECTION 1: CHILD INFORMATION

Child's Name: _____ Date of Birth: _____

Facility Name: _____ Age/Grade: _____

SECTION 2: MEAL MODIFICATION INFORMATION

TO BE COMPLETED BY A STATE LICENSED HEALTHCARE PROFESSIONAL

1. Provide a description of the child's physical or mental impairment and how it restricts their diet and/or access to meal programs.

2. Are there any food items and/or ingredients that must be avoided? Yes No

If yes, please list the food items and/or ingredients to be avoided.

List alternatives that may be provided for any items or ingredients above.

3. List any additional modifications and/or services needed to accommodate the child's impairment or disability.

SECTION 3: SIGNATURES

Parent/Guardian Name: _____ Relationship: _____

Phone: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____

Medical Authority Name (First & Last) _____

Medical Authority Signature _____ Date _____



Illinois
State Board of
Education

SEND COMPLETED FORMS TO

Eileen Canafax
McGaw YMCA - Children's Center
eileenc@mcgawymca.org

SPONSOR/SCHOOL FOOD AUTHORITY USE ONLY

Date Received: _____ Received By: _____

Date(s) of Follow-Up Communication* _____

**Attach documentation of pertinent information received from any follow-up communication to this form.*

Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a [Form AD-3027, USDA Program Discrimination Complaint Form online](#), or obtain the form from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **Mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **Fax:**
(833) 256-1665 or (202) 690-7442; or
3. **Email:**
program.intake@usda.gov





FARE
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Special Situation/Circumstance - If this box is checked, the child has an extremely severe allergy to the following food(s) _____.
Even if the child has MILD symptoms after eating (ingesting) this food(s), Give Epinephrine immediately.

For ANY of the following SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION

of symptoms from different body areas



- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE BODY SYSTEM, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE BODY SYSTEM (E.G. SKIN, GI, ETC.), FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

HEALTHCARE PROVIDER AUTHORIZATION SIGNATURE

DATE



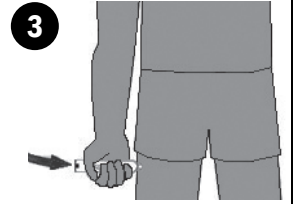
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q® from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q® against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



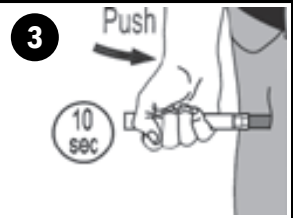
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION

1. (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN
2. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
3. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



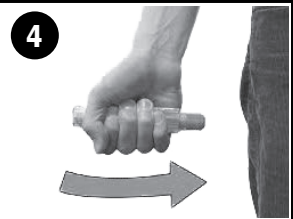
HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI™ by finger grips only and slowly insert the needle into the thigh. SYMJEPI™ can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Epinephrine first, then call 911. Monitor the patient and call their emergency contacts right away.

EMERGENCY CONTACTS – CALL 911

RESCUE SQUAD: _____
DOCTOR: _____ PHONE: _____
PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____
NAME/RELATIONSHIP: _____ PHONE: _____
NAME/RELATIONSHIP: _____ PHONE: _____