



Child's Name \_\_\_\_\_

School \_\_\_\_\_

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Health History

**This application must be signed by both parents.**

## ALLERGIES

Food: \_\_\_\_\_

Medications: \_\_\_\_\_

If medications needs to be taken during the program, you must complete a Medication Authorization Form & submit it to the director.

Dietary Restrictions: \_\_\_\_\_

## BEHAVIOR ISSUES

Current medical, mental or psychological condition pertinent to routine care of participant including any current treatment care \_\_\_\_\_

## PLEASE RESTRICT FROM THE FOLLOWING ACTIVITIES

## PLEASE DESCRIBE ANY PAST MEDICAL TREATMENT THAT THE PARTICIPANT HAS RECEIVED

Insurance Carrier: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Participant's Physician: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

## Parent/Guardian Authorization:

This health history is correct as far as I know and the person described herein has my permission to engage in all program activities, except the ones noted by myself or physician. In the event of an emergency and I cannot be reached, I hereby give permission to the physician selected by the director to hospitalize, to secure proper treatment for, to order injection, anesthesia or surgery for my child as named above.

Parent/Guardian 1 Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

## MEDICAL DECLARATION STATEMENT

### Part I-TO BE COMPLETED BY THE PARENT/GUARDIAN

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade in September \_\_\_\_\_

### HEALTH STATEMENT (Check One)

My child is in good health and can participate in the normal activities of the program and has no conditions or special needs that require special accommodations.

My child can participate in the normal activities of the program but has conditions or special needs that require special accommodations as indicated below.

### CHILD'S SPECIAL CONDITIONS OR NEEDS REQUIRING SPECIAL ACCOMMODATIONS

Please list any allergies, medical conditions, including chronic health problems (such as asthma, seizures), behavioral disorders, special needs, etc.

# MEDICATION ADMINISTRATION POLICY

This policy was written to encourage communication between the parent, the child's health care provider and the YMCA to assure maximum safety when giving medication to a child during the time the child is attending WMA YMCA programs in the absence of a parent/guardian.

Assuring the health and safety of all children at our YMCA programs is a team effort by the staff, family, and health care provider. This is particularly true when medication is necessary during the child's participation in a program. Therefore, an understanding of each of our responsibilities, policies and procedures concerning medication administration is critical to meeting that goal.

The YMCA staff will not be able to treat all individuals with a particular impairment in an identical manner. Within the program, there may be a basis for distinguishing among individuals, and it will be the YMCA's duty to determine the needs of each individual, its impact upon others in regard to health or safety, or if it would result in an undue burden that is of significant difficulty or expense.

## GUIDING PRINCIPLES

- Parents/guardians must have completed a Health Screening Form for their child(ren) under 18.
- All minor children under the age of 18 enrolled in a YMCA program must have all WMA YMCA medical forms appropriate for their program and individual medical condition completed and on file with the YMCA prior to the child(ren) participation in the program.
- All medical information on file with the YMCA will be kept on a confidential, "need to know" basis. Under no circumstances are employees to discuss the medical information of any child(ren) in their program(s) with anyone other than their supervisor, the parent/guardian of the child(ren) and their healthcare provider.
- It is the parent/guardian's responsibility to keep the YMCA informed of any changes to their child(ren) medical situation.
- It is the parent/guardian's responsibility to keep the YMCA informed and up-to-date on all emergency contact information.
- It is the parent/guardian's responsibility to ensure that all medications are not expired
- If a YMCA employee is informed by a child's parent/guardian of a condition requiring medication, that employee must then contact their supervisor. Employees are not to dispense any medication to a child(ren) in their program(s) without a signed "Permission to Give Medication" form.
- Training in the administration of medication, such as EpiPen Administration, will be given to YMCA employees who work with children in compliance with all guidelines of the training agency approved by the State of New Jersey and the WMA YMCA.

## PROCEDURES

In the event that it is necessary to administer medication to a child, the following guidelines and procedures shall be followed:

1. Whenever possible, it is best that medication be given at home. Dosing of medication can frequently be done so that the child receives medication prior to going to the YMCA, and again when returning home and/or at bedtime. The parent/guardian is encouraged to discuss this possibility with the child's health care provider.
2. The first dose of any medication should always be given at home and with sufficient time before the child returns to the YMCA program to observe the child's response to the medication given. When a child is ill due to a communicable disease that requires medication as treatment, the health care provider may require that the child be on a particular medication for 24 hours before returning to child care/program. This is for the protection of the child who is ill as well as the other children in child care/program.
3. Medication will only be given when medically necessary and ordered by the child's health care provider and with written consent of the child's parent/legal guardian. A "Permission to Give Medication" form is an Appendix to this policy and will hereafter be referred to as Permission Form. All information on the Permission Form must be completed before the medication can be given.

Only originals of Permission Form with parent/guardian signature will be acceptable. A signed original Permission Form must be on file for each medication that is to be dispensed to the child. Copies of the blank Permission Form can be duplicated or requested from the YMCA.

4. Medications given in any YMCA program will be administered by a staff member designated by the applicable Program Director. It is the responsibility of the Program Director to inform the designated staff member of the child's health needs related to the medication and ensure that they have had training in the safe administration of medication. All medication dispensed must be documented. A single staff person per shift should be allowed to dispense the medicine at each location. (There may be confusion about dispersal if more than one person is providing the medication.) The designated staff person must be certified in First Aid and CPR for the Professional Rescuer including AED.

## PRESCRIPTION MEDICATIONS

Any prescription medication brought to the YMCA must be specific to the child who is to receive the medication, in its original container, have a child-resistant safety cap, and be labeled with the appropriate information as follows:

- Prescription medication must have the original pharmacist label that includes the pharmacists phone number, the child's full name, name of the health care provider prescribing the medication, name and expiration date of the medication, the date it was prescribed or updated, and dosage, route, frequency, and any special instructions for its administration and/or storage. It is suggested that the parent/guardian ask the pharmacist to provide the medication in two containers, one for home and one for use at the site.
- In the case of a child requiring an EpiPen for allergies, two EpiPens in their original containers must be supplied by parent/guardian for storage at the site.
- Inhalers must be kept on the child's person or in a designated location as determined by YMCA staff and must be self administered.
- An Action Plan signed by your child's doctor must be included if your child requires an EpiPen or inhaler.

## STAY AT HOME POLICY

**The West Morris Area YMCA follows the NJ Department of Health and Senior Services guidelines for all staff and program participants who are ill. These guidelines are:**

- Parents are asked to keep their children home, and staff members should remain home if they are sick. Anyone with flu like illness should stay at home for 7 days or 24 hours after symptoms resolve, whichever is longer.
- Flu like symptoms are fever of 100 degrees or more, a sore throat or cough

## OVER THE COUNTER MEDICATIONS

Over the counter (OTC) medications will only be given when medically necessary and ordered by the child's health care provider OR with written consent of the child's parent/legal guardian. A "Permission to Give Medication" form must be completed before medication can be given.

1. OTC medications must have the child's full name on the container, and the manufacturer's original label with dosage, route, frequency and any special instructions for administration and storage, and expiration date must be clearly visible.

Examples of OTC medications that may be given include:

- Antihistamines
- Decongestants
- Non-aspirin fever reducers/pain relievers
- Cough suppressants

2. All medications will be stored:

- Inaccessible to children
- In a separate container labeled that it is Medicine Storage
- Separate from staff medications and first aid supplies
- Under proper temperature control
- A small lock box will be used in the refrigerator to hold medications requiring refrigeration. If off-site, an ice chest/cooler will be used in place of a refrigerator
- In cases where immediate use may be necessary for medication to be carried on the child's person, i.e. EpiPen and/or inhaler, written documentation of this medical need must be provided by the health care provider including written documentation that the child is capable of self-medication (up to age 18)

### IF IT IS NECESSARY TO ADMINISTER MEDICATION TO A CHILD IN THE EVENT OF A LIFE THREATENING EMERGENCY, THE FOLLOWING PROCEDURES SHALL BE FOLLOWED:

The West Morris Area YMCA must be provided an Allergy/EpiPen Action Plan for all children with allergies necessitating the administration of epinephrine (EpiPen or EpiPen Junior). In all instances of administration of epinephrine, EMS will be called immediately. The Parent/Guardian will also be notified immediately following the call to EMS.

### PROTOCOL IS AS FOLLOWS

- EpiPen will be on the child's person and will be self-administered
- If necessary, YMCA staff will assist the child with EpiPen administration
- In the event the child is unable to, trained YMCA staff will administer

The WMA YMCA follows the YMCA of the USA's recommendation for all program participants to self-manage and self-administer medication for diabetes. Local legislation restricts such services to the parent or a medical professional.

Unused or expired medication will be returned to the parent/guardian when it is no longer needed or be able to be used by the child. EpiPen will be returned to the parent/guardian upon the child/children leaving the program at the end of the program cycle. EpiPen will not be kept by the YMCA for longer than one year. At the end of one year, new medical forms including prescription(s) from the health care provider must be provided to the YMCA.

A "Permission to Give Medication" form is included as an appendix to this policy.

Information exchange between the parent/guardian and YMCA staff about medication that a child is receiving should be shared when the child is brought to and picked-up from the YMCA. Parents/guardians should share with the staff any problems, observations, or suggestions that they may have in giving medication to their child at home, and likewise with the staff from the YMCA to the parent/guardian.

Confidentiality related to medications and their administration will be safeguarded by the YMCA Program Director and staff.

Parent/guardian will read and have an opportunity to discuss the content of this policy with the Program Director. The parent signature on this policy is an indication that the parent accepts the guidelines and procedures listed in this policy, and will follow them to safeguard the health and safety of their child. Parent/guardian will receive a copy of the signed policy.

## WEST MORRIS AREA YMCA "PERMISSION TO GIVE" MEDICATION

### Part 1-TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize the West Morris Area YMCA personnel to administer medication as directed by our physician. I agree to release and hold harmless the West Morris Area YMCA and any of their offices, staff members or agents from lawsuit, claim, demand or action etc., against them for administering prescribed medication.

Participant \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone # \_\_\_\_\_ Name of Medication \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Times to be taken \_\_\_\_\_

Dosage (must be consistent with product label) \_\_\_\_\_

Given How? \_\_\_\_\_

Special Instructions \_\_\_\_\_

Adverse effects of medication \_\_\_\_\_

For the safety of all participants, medication will be kept in a secure location and dispensed by designated staff only, including over-the-counter medications. The only exceptions to this rule are inhalers and EpiPens.

### Part 2-FOR STAFF ONLY

Signed copy of West Morris Area YMCA Medication Administration Policy on file     Part 1 of this form is complete including signatures

Prescription medication is properly labeled and in its original packaging by pharmacist

OTC medication is in its original container with manufacturer's dosage clearly labeled     Medication to be given and physician order is consistent

Director's Signature \_\_\_\_\_

Date \_\_\_\_\_