

**YMCA OF GREATER ST. LOUIS**  
**CHILD CARE PROCEDURES**  
**CHRONIC OR SEVERE HEALTH CONDITIONS**

Dear Parent/Guardian:

Thank you for your interest in the YMCA of Greater St. Louis Child Care and/or Camp program. To establish a safe environment for your child as well as our staff members, the following procedures will need to be followed concerning your child's medical care and treatment:

- An Identification of and Authorization for Treatment for Child Care Participants With Chronic or Severe Health Conditions form is to be filled out completely **by your physician and/or specialists** and presented to the Director of the Child Care Center or Camp Program. This Authorization must be time, duration and dose specific.
- A Release and Waiver of Liability for Administering Treatment to Children With Chronic or Severe Health Conditions form completed in full and presented to the Director of the Child Care Center or Camp Program.
- The Department of Health Medical Authorization Form is to be filled out completely.
- It will be the Parent's Responsibility to monitor and track prescriptions expiration date and replace said medication as needed.

Upon completion of above items please submit to the Director in Charge for review by the YMCA. You will be contacted about enrollment status after review of the above information has been completed. The YMCA of Greater St. Louis has the right to request additional information as deemed appropriate to assist in the review process.

***Failure to disclose all necessary information will void enrollment and be considered falsification of records.***

In advance, thank you for your cooperation in this matter.

Sincerely,

**YMCA of Greater St. Louis  
Child Care Medical Procedures  
Chronic Health Conditions**

Health Condition: \_\_\_\_\_

Child's name: \_\_\_\_\_

Parents names and telephone numbers:

\_\_\_\_\_ (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

\_\_\_\_\_ (Cell) \_\_\_\_\_ (Pager) \_\_\_\_\_

\_\_\_\_\_ (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

\_\_\_\_\_ (Cell) \_\_\_\_\_ (Pager) \_\_\_\_\_

Physician's name and telephone number

\_\_\_\_\_

1. Describe the child's symptoms including when they generally occur. What triggers an episode?
  
  
  
  
  
  
  
  
  
  
2. How are mild episodes treated?
  
  
  
  
  
  
  
  
  
  
3. How are serious episodes treated?
  
  
  
  
  
  
  
  
  
  
4. Is this child on daily medication, if so is the YMCA to administer any medication?  
Give details on administration.

5. Are there any side effects of any medications child is currently taking - physical and/or behavioral?  
If so, please explain.

6. Does physical activity seem to trigger episodes? \_\_\_\_\_  
If so under which conditions should this child not participate in activities?

7. Do weather conditions affect the condition? \_\_\_\_\_  
If so how?

8. Does the child understand their medical and treatment condition? \_\_\_\_\_  
If yes does the child participate in the management of this condition?

**By signing below I acknowledge that I have provided complete and accurate information regarding the health condition of \_\_\_\_\_ and any and all treatment which the YMCA may need to perform, along with any and all risks associated with the condition or treatment.**

\_\_\_\_\_  
Physician/Specialist Signature

\_\_\_\_\_  
Date