

Member Medical Information

1. Does your son have any serious food allergies? ___No ___ Yes (If “yes” please list them here. If you have a medical form from his Dr., please give a copy to the front office for his file):

2. Does your son have any medical/physical limitations that we should know about? ___ No ___ Yes
If so, please list the condition (allergies, diabetes, asthma, heart murmur, etc.)

3. Has your son been diagnosed with a physical or mental disability/condition? ___No ___Yes
If so, please write the disability or condition (such as ADHD, cerebral palsy, Down syndrome, FAS)?

(please let us know if your son requires special accommodations.)

4. Is your son currently taking any medications? ___No ___Yes If so, please list: _____

(Please see the office if you need us to keep any medication on site for your son.)

Parent(s) / Guardian(s) Information Parent(s) Guardian(s)

Parent/Guardian 1

Last	First

Parent Phone #s *(The Club must have at least one working phone number for parents in case of emergencies.)*

Home/Message

	-	
--	---	--

Cell

	-	
--	---	--

Work

	-	
--	---	--

Employer Name

Parent/Guardian 2 Please check if this person does not live in the same household as the member.

Last	First

Parent Phone #s *(The Club must have at least one working phone number for parents in case of emergencies.)*

Home/Message

	-	
--	---	--

Cell

	-	
--	---	--

Work

	-	
--	---	--

Employer Name

If we are unable to reach you by phone, may we attempt to contact you by text or Facebook?

___Yes ___No

Parent/Guardian authorizations for: _____

(Print Member Name)

1. **Medical Treatment:** I give the Club for Boys permission to seek emergency medical treatment for my minor child if I cannot be reached. I release the Club for Boys, its officers, staff, volunteers and donors from liability and responsibility. I am aware and understand that I will be responsible for the cost of any/all medical attention and treatment necessary. _____ (Please initial)
2. **First Aid-** I give the Club for Boys permission to provide first aid and preventative measures for my son. This may include applying over the counter topical ointments, sunscreen, and bug spray. _____ (Please initial)
3. **Collaborations with others:** On occasion, The Club for Boys needs to collaborate with other agencies to provide services for our members. Please initial the boxes below to give consent.
 - a. **Agency Contacts:** I give permission for the Club for Boys to contact other agencies (i.e., the YMCA, Big Brothers/Big Sisters, YFS Girls Inc.) in the community concerning my son’s well-being. Yes_____ No_____ (Please Initial)
 - b. **Pictures and Video:** I give permission for my child’s picture, moving picture, or any other graphic depiction or likeness, to be used by the Club for distribution and social media (website, FB page). Yes_____ No_____ (Please Initial)
4. **Behavior Management Systems:** The Club for Boys has a partnership with Behavior Management Systems (BMS) to provide onsite counseling to Club Members. I give my permission for my son to meet with/consult with counseling (BMS) personnel should an emergent/urgent need be identified. Yes_____ No_____ (Please Initial)
5. **School Contacts:** I give permission for my son’s school and the Club for Boys to discuss my son’s progress in school work or behavior. Yes_____ No_____ (Please Initial)

Grade _____ School Attending (School Year 2019-2020) _____

All payments and paperwork must be completed, and the application signed by both the parent/guardian and member before the application will be accepted.

Date _____ Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Office Use Only

Family Income Level: Free _____ Reduced _____ Paid _____ No Info Paid _____

Date Paid ____/____/____ Receipt # _____ Amount Paid \$ _____ Staff Initials _____

Date entered: ____/____/____ Staff Initials _____

It is the policy of the Club for Boys not to discriminate on the basis of race, color, religion, national origin, age or disability in its programs, activities, or employment policies.