

Parent, guardian, or physician may complete this information.

GENERAL QUESTIONS (Explain "YES" answers below)

BP: _____ Weight: _____ Height: _____

TB Mantoux Test/ Date of Last Test: _____ Result: Positive Negative

PLEASE INDICATED DATE OF IMMUNIZATION:

Table with 6 columns: IMMUNIZATION, MONTH/YEAR, MONTH/YEAR, MONTH/YEAR, MONTH/YEAR, MONTH/YEAR. Rows include DTP, DT, GERMAN MEASLES, MONONUCLEOSIS, MUMPS, RUBELLA, HAMOPHIUS INFLUENZA B, HEPATITIS B, VARICELLA (CHICKEN POX), POLIO.

Current treatment/ Medications: Any Limitations: _____

Allergies: No Yes (List): _____

RECOMMENDATIONS/ RESTRICTIONS WHILE AT PROGRAM:

Does the child have a bronchial inhaler, bee sting kit, epi-pen, or other health related devices? _____

Medication(s) to be administered (include dosages and times of administration): _____

To the best of my knowledge, there is is not a medical contraindication to be administering acetaminophen (Tylenol).

Child's Licensed Physician's Name (Please Print): _____ Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Date of completion of this form: ___/___/___

*Please Note: We do not administer any medications on site.

*Please Note: We encourage our staff to help participants apply sunscreen when necessary and appropriate.

I hereby attest that the information on both sides of this form is correct.

Parent/ Guardian/ Physician Signature

Date

Footer containing logos for YM&YWA of Washington Heights & Inwood, JCC Association of North America, and social media links for Facebook, Twitter, and YouTube.