



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HEALTH REPORT AND HISTORY

Check any or all that may apply:

- Does your child have an Individual Education Plan (IEP)? Yes* No
- Does your child have a Behavior Management Plan? Yes* No
- Does your child have a 504 Student Accommodation Plan? Yes* No

***A copy of a current IEP/BMP/504 Student Accommodation Plan must be turned in with the registration form and you must complete the Inclusion Information packet before program participation is authorized. Enrollment will NOT be considered final until all required processes have been met and reviewed. Although every effort is made to provide reasonable accommodations, there may be instances where a child's needs may exceed the parameters of the scope of our program. Forms can be found on the St. Cloud Area Family YMCA website.**

Has your child been diagnosed with the following:

- ADD ID Autism Down Syndrome
- ADHD ED Asperger's Cerebral Palsy
- DD ODD OCD Not Applicable
- Other: _____

Does your child have any chronic health conditions or severe allergies? Yes* No

***Additional Forms are required for enrollment of children with chronic health conditions and severe allergies. Forms can be found on the St. Cloud Area Family YMCA website.**

List any allergies; special medication or physical conditions the YMCA should be aware of, including chronic health conditions:

List any special medications and/or restrictions for child's care below:

Medication: If your child will need to take medication during program hours, a Medication Authorization form must be completed and returned to the staff along with the medication. Medication must be in the original container and labeled with your child's name, instructions (including times and amounts for dosage and the physician's name. Forms can be found on the St. Cloud Area Family YMCA website.