



JEWISH COMMUNITY CENTER HEALTH FORM

May 2020 – May 2021

GENERAL INFORMATION

Updated 1.16.20

Child's Full Name: _____

Nickname: _____ Birth date: ____ / ____ / ____

For grades Kindergarten and older: Current Grade: _____ Grade in Fall: _____

School: _____ School District: _____

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

Child lives with: Both Parents Mother Father Shared custody* Other (please explain): _____

*If there is a custody/visitation agreement in place, please provide a copy of all legal documentation.

Name of Parent/Guardian: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Name of Parent/Guardian: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Name of designated pick-up person(s), other than parents/guardians:

1. _____ Cell Phone: _____

2. _____ Cell Phone: _____

IF PARENTS/GUARDIANS ARE NOT AVAILABLE IN AN EMERGENCY, PLEASE CONTACT:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name of Child's Doctor: _____ Phone: _____

Name of Child's Dentist: _____ Phone: _____

Health and/or Accident Insurance Provider: _____

Policy/Group #: _____ Policyholder Name: _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

HEALTH HISTORY

ALLERGIES: List all known allergies that your child has, including the type of allergic reaction and management. If your child has Asthma, or Allergies requiring an Epi-Pen, then a Student Asthma/Anaphylaxis Action Plan must be completed by a doctor to be kept on file at the JCC/CDC. Epi-pen, inhaler and/or emergency medication (such as Benadryl) must be provided by the parent and kept current.

| | Allergic Reaction and Treatment Required |
|--------------------------------|--|
| Medication Allergies: _____ | _____ |
| Food Allergies: _____ | _____ |
| Environmental Allergies: _____ | _____ |
| Other Allergies: _____ | _____ |

Asthma/Anaphylaxis Action Plan on File? Yes No N/A

Blood Type (if known): _____

MEDICATION: Please list all medications (prescribed AND over the counter) that your child is currently taking.

MEDICAL CONDITIONS: Mark all conditions applicable to your child. All medical information will be kept confidential. If "yes" is marked, please give additional info on the condition.

- Yes No Special Dietary Considerations (i.e. **Kosher**) _____
- Yes No ADD or ADHD _____
- Yes No Asthma _____
- Yes No Diabetes _____
- Yes No Heart Conditions _____
- Yes No Kidney and/or Urinary Track Problem _____
- Yes No Operations or Serious Injuries _____
- Yes No Physical Handicaps and/or Limitations _____
- Yes No Stomach and/or Intestinal Problems _____
- Yes No Vision and/or Hearing Difficulties _____
- Yes No Activities Child Should NOT Engage in (please be specific) _____
- Yes No Does your child have a current IFSP or IEP _____

Additional Medical Information: _____

Date of Child's Most Recent Physical: ____ / ____ / ____

IMMUNIZATION RECORD: Please provide copy of immunization records. A new copy is required each year. An electronic copy may be attached. To have a doctor fax a report, please see the appropriate fax numbers below.

JCC Youth Department (Kindergarten and up): 402-334-6483

Pennie Z. Davis Child Development Center (Infant to Pre-Kindergarten): 402-334-6563

- I have attached the immunization form
- I will have the doctor send the form via fax
- I will drop off the immunization form to the JCC/CDC
- Other: _____

AUTHORIZATION FOR MEDICAL TREATMENT & PERSONAL INJURY RELEASE

_____ **Initial** - To my knowledge, the information and health history I have provided on this form is correct and complete. The person herein named ("Participant") has permission to engage in all activities, except as noted. I recognize that participation in activities at the Jewish Community Center and the Jewish Federation of Omaha (hereinafter collectively referred to as "JCC") necessarily involves risks of injuries and damages including, but not limited to, injuries, damages or losses relating to or resulting from slips, falls, collisions, car accidents, drowning, coma, health failure, and/or other mishaps. Possible injuries can include death, personal injury, property damage, loss of service and other injuries and damages. I assume full responsibility for any injuries, damages or losses which may occur to Participant and agree that JCC and its trustees, officers, agents, employees, representatives, volunteers, students, and assigns (collectively referred to as the "JCC Parties" in this and the following paragraphs of this release), shall not be liable for any damages arising from any personal injuries that Participant may sustain in connection with participation in activities at JCC whether occurring on or about the premises of the JCC, or occurring adjacent to or outside of the property of the JCC, to the extent that the Personal Injury Release provides for the release of such liability. I have, and will continue to keep the JCC fully informed of any physical condition or disability which would prevent or limit my child's participation.

_____ **Initial** - I hereby fully and forever release and discharge and hereby agree to indemnify and hold harmless the JCC Parties from any and all present and future claims, demands, damages, rights of action or causes of action (collectively "Claims") arising out, resulting from or connected in any way with preparation for and/or participation in JCC Programs and activities, programs and activities sponsored by JCC, and of the use of JCC's property and facilities, whether known or unknown, anticipated or unanticipated, and specifically including, but not limited to, any Claims arising out of or resulting from any of the JCC Parties' own negligence or fault or the negligence or fault of their agents, employees, representatives, volunteers, and assigns, provided that this release and discharge shall in no way affect any claims which participant cannot legally waive, such as grossly negligent acts, and/or intentional acts occurring in the future. I understand that I am releasing the JCC Parties from liability to the full extent that the law allows, not only from any risk inherently associated with participation in JCC activities, but also any enhanced exposure to injury occasioned by any carelessness, negligence or fault of JCC Parties or anyone acting on JCC Parties' behalf, including any and all liability for damage and injury or death to participant or to any person or property to the full extent that the law allows. I understand THIS RELEASE OF LIABILITY IS INTENDED TO BE AS BROAD AS LEGALLY POSSIBLE, and I accept the terms as a condition of being permitted to use the property and facilities of JCC and to participate in the programs and activities of the JCC, programs and activities sponsored by the JCC, and programs and activities occurring at the JCC.

_____ **Initial - EMERGENCY** - In the event of an emergency, I hereby give permission to the medical personnel, selected by the acting JCC camp/program director, to provide routine health care, administer prescribed medications, and seek emergency medical treatment including the ordering of x- rays or routine tests for my child. I agree to release any records necessary for insurance purposes and accept full financial responsibility for any care provided. Medical and dental personnel, selected by the acting camp/program director, have permission to secure and administer treatment, including hospitalization of my child. I release all claims for injuries and damages incurred by participant in connection with the delivery of such care in good faith. I give permission to medical and dental personnel selected by the acting JCC camp/program director to share information regarding my child with my private health care provider. This completed health form may be photocopied for trips off property and information may be shared with camp/program staff as needed. In the event of an emergency, I hereby give permission to the acting JCC camp/program director to request an ambulance or transport my child to a hospital/healthcare facility. We agree to pay for services rendered.

_____ **Initial - MEDICATION** - I give my consent to the JCC Staff to administer medication that I bring in for my child.

Preferred Hospital _____

YOUTH DEPARTMENT RELEASES ONLY: (Kindergarten and older)

_____ *Initial* **Photography:** I give my consent to the JCC to use photographs that may include my child's image for the purpose of informing others about our activities through news media, JCC Website, or any other form of publication or advertisement. No names will be used in publications. I understand that if I do not give permission, my child will be asked to step out of group photographs and will not be included in any weekly camp photographs or emails.

_____ *Initial* **Sunscreen:** I give my consent to the Omaha JCC to apply sunscreen to my child anytime he/she goes outside.

_____ *Initial* **Swimming:** My child has permission to swim during any JCC programming.

_____ *Initial* **Swimming:** My child has permission to swim in water over their head and/or in the deep end.

Swimming ability (check all that apply): Non-Swimmer (red) ___ Fair (yellow) ___ Good (green)

_____ *Initial* **JCC Complex Field Trip Release:** I give my consent to the Omaha JCC to include my child on walking trips to transport within the JCC complex.

_____ *Initial* **Transportation:** I give my consent to the JCC to transport my child by van and/or school bus throughout the day and will not hold the JCC responsible for any incident related to such trips.

_____ *Initial* **Physical:** I acknowledge that, although participation in any program may have physical benefits, neither the JCC nor its employees or its independent contractors are engaged in diagnosing or treating medial diseases or deficiencies.

_____ *Initial* **Notifications:** I give my consent to receive reminder notifications and emergency updates via text message to the phone numbers listed under parent/guardian cell phone. These reminders may be sent through remind.com. Phone numbers will remain confidential.

Parent/Guardian Signature: _____ **Date:** ____ / ____ / ____

PENNIE Z. DAVIS CDC RELEASES ONLY: (Infant to Pre-Kindergarten)

_____ *Initial* **Parent Handbook:** I have received and read a copy of the Pennie Z. Davis Child Development Center Parent Handbook.

_____ *Initial* **JCC Complex Field Trip Release:** I give my consent to the Pennie Z. Davis Child Development Center to include my child on walking trips to transport within the JCC complex.

_____ *Initial* **Field Trip Release:** I give my consent to the Pennie Z. Davis Child Development Center to involve my child in all field trips which are to be part of the program. I understand that my child will be transported in private cars by parents. I understand that a permission slip will be sent home with my child advising me in advance of any such trips. These are mainly for the Pre-Kindergarten classes.

_____ *Initial* **Swim Release:** I give consent for my child to participate in swim lessons and free swim at one of the JCC pools, including in cases where the water is over his/her head.

_____ *Initial* **Water Play:** I give consent for water play outside, including the JCC Aquatic Complex splash pad, as well as in the classroom.

_____ *Initial* **Sunscreen:** I give my consent for the CDC to apply sunscreen to my child anytime he/she goes outside. I understand that I will provide the sunscreen and it is recommended that it has a UVA/UVB protection of SPF 30 or higher.

_____ *Initial* **Publicity Release:** I give my consent to the Omaha JCC to take photographs/videos which may involve my child. These are for marketing purposes, including but not limited to insertion on the Omaha JCC's website, newsletters, program promotions, Facebook pages and other social media networks. No names will be used in publications. **I understand that if I do not give permission, my child will be asked to step out of group photographs and will not be included in any weekly camp photographs or emails.**

_____ *Initial* **CDC Publicity Release:** I give my consent to the CDC to take photographs/videos, which may involve my child, for class newsletters, family emails and other publications which are sent only to CDC families.

_____ *Initial* **Notifications:** I give my consent to receive reminder notifications and emergency updates via text message to the phone numbers listed under parent/guardian cell phone. These reminders may be sent through Remind.com. Phone numbers will remain confidential.

Parent/Guardian Signature: _____ **Date:** ____ / ____ / ____