



# AUTHORIZED PICKUP LIST / EMERGENCY MEDICAL RELEASE

## COMPLETE ONE FORM PER CHILD

### Pick-up List

Anyone picking up a camper must provide a photo I.D. and be listed below.

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

List up to 3 other people (other than parent/guardian) who are authorized to pick up the camper and should be contacted in case of a medical emergency or emergency pick-up if parent/guardian cannot be reached.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Emergency Medical Release

In case of an emergency, I understand every effort will be made to contact me or the emergency contact persons listed above. In the event that we cannot be reached, I hereby give permission to the physician listed on the form to hospitalize, secure proper treatment and to order anesthesia or surgery for my child.

Physician's Name: \_\_\_\_\_ Hospital Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy and/or Group #: \_\_\_\_\_

### Medical Conditions

*Please check all that apply*

- |                                  |   |   |
|----------------------------------|---|---|
| <input type="checkbox"/> ADD     | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> PTSD             |
| <input type="checkbox"/> ADHD    | <input type="checkbox"/> Depression       | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Diabetes         |   |
| <input type="checkbox"/> Asthma  | <input type="checkbox"/> Food Allergies   |   |

Does your child need to take medication(s) during camp (circle one)? Yes No

If your child requires medication, please specify: \_\_\_\_\_

Disability (Please specify): \_\_\_\_\_

The Permission to Administer Medication form must be completed and given to the Camp Director on the first day of each camp session. Medications must be accompanied by the original physician's prescription with clearly written directions. If your child has other special needs (language, learning disability, speech, hearing, food allergies, etc) please contact the Camp Director at 508-767-2505, ext. 125 prior to June 12 or at 508-892-9814 after June 15, 2026.

### Medical Release

I authorize the YWCA, as agent for the undersigned, to consent with respect to said minor, to an x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician or surgeon licensed under the provisions of the MA Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YWCA is not responsible for costs incurred for medical care.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DEMOGRAPHIC INFORMATION

## COMPLETE ONE FORM PER CHILD

The YWCA receives funding for a portion of childcare activities. Please choose the appropriate selection for your child:

### Household Income

- Under \$17,000    \$17,000 - \$49,999    \$50,000 - \$99,999    \$100,000 and above

### Race

- American Indian/Alaskan Native    Asian    Black    Native Hawaiian/Pacific Islander    Hispanic/Latino/a/x    Multi Racial  
 White    Other Race    Unknown/Undisclosed

### Ethnicity

- African American    Albanian    American    American Indian/Alaskan Native    Asian Indian    Brazilian    Cambodian  
 Cape Verdean    Caribbean Islander    Chinese    Colombian    Cuban    Dominican    European    Filipino    Ghanaian  
 Guatemalan    Haitian    Hispanic/Latino/a/x    Honduran    Japanese    Kenyan    Korean    Laotian    Liberian  
 Mexican    Mexican American    Chicano    Middle Eastern    Portuguese    Puerto Rican    Russian    Salvadoran  
 Vietnamese    Unknown/Undisclosed  
 Other (Please Specify) \_\_\_\_\_

### Primary Language

- English    Spanish    French    Arabic    Portuguese    Haitian Creole    Cape Verdean Creole  
 Khmer    Chinese (any dialect)    Korean    Vietnamese    Russian    Somali    American Sign Language (ASL)  
 Twi    Other language not listed    Unknown/Undisclosed

### Secondary Language

- English    Spanish    French    Arabic    Portuguese    Haitian Creole    Cape Verdean Creole  
 Khmer    Chinese (any dialect)    Korean    Vietnamese    Russian    Somali    American Sign Language (ASL)  
 Twi    Other language not listed    Unknown/Undisclosed

### Disability:

- None    Developmental/Intellectual/Acquired Brain Injury    Other Cognitive Disability    D/deaf or hard of Hearing  
 Visual Mobility/Motor    Mental Health/Psychiatric Substance Misuse    Other Medical    Other Disability  
 Unknown/Undisclosed

### Housing Status:

- Homeless    Own    Rent    Shelter    Other    Unknown/Undisclosed

### Total Number Living in Household:

- 1   2   3   4   5   6   7   8 or more    Unknown/Undisclosed

### Source of Income:

- Employment    TAFDC    SNAP    EAEDC    SSDI    SSI/Pension/Other Retirement    Partner/Spouse Support  
 Child Support    Alimony    Unemployment    Other    None    Unknown/Undisclosed

### Type of School (Camper):

- Worcester Public Schools    Other Public School    Private/Parochial School    Homeschool