



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## HEALTHY OUT OF SCHOOL TIME (HOST) Contact and Health History Form

Full Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parents/Legal Guardians: \_\_\_\_\_

Parent's Date of Birth: \_\_\_\_\_ Lives with: \_\_\_\_\_

Parent's E-mail: \_\_\_\_\_ Teen's E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom's Work Phone: \_\_\_\_\_

Dad's Work Phone: \_\_\_\_\_ Mom's Cell Phone: \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_ Teen's Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last tetanus shot (DTP/TDP/Tetanus) if applicable \_\_\_/\_\_\_ (Month/Year)

All other shots are up to date: (Please circle)            YES            NO            I choose not to vaccinate

List any allergies, health problems, physical limitations, or dietary concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes: \_\_\_\_\_

### Health Care Authorization

This health history information is correct to my knowledge. My child is in good physical condition at this time and can engage in teen adventure center activities, except as noted above. In the event of an emergency, if I am unable or cannot be reached, I hereby give permission for the Tri-Cities Family YMCA, to provide routine, non-surgical care, and to secure emergency medical and surgical treatment for the teen named above, while attending the HOST program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Consent to use name, photograph and created works

I, the undersigned, being over 18 years of age, give permission for the name, photograph and/or created works of my child, \_\_\_\_\_, to be published by the media. This may include publications used by the Tri-Cities Family YMCA to promote its programs.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date