Armed Services YMCA
7061 Comington St., El Paso, TX 79930
(915)263-7164
www.asymca.org/elpaso
Facebook.com/asymcaelpaso
Hours of Operations: Monday - Friday 5:30am to 6:00pm

EMERGENCY INFORMATION

Child's Name: _____ Sex: _____ DOB: _____ Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: (_____) _____ - _____

LEGAL GUARDIAN INFORMATION

Mother's Name: _____ Employment: _____

Cell Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Email: _____

Father's Name: _____ Employment: _____

Cell Phone: (_____) _____ - _____ Work Phone: (_____) _____ - _____

Email: _____

Military Unit of Assignment: _____ Phone: (_____) _____ - _____

Supervisor: _____

PERSON TO CONTACT IN CASE OF EMERGENCY

First Choice Name: _____ Relationship: _____

Cell Phone: (_____) _____ - _____

Second Choice Name: _____ Relationship: _____

Cell Phone: (_____) _____ - _____

PREFERRED HOSPITAL

Hospital: _____ Physician: _____

Medical Insurance Company: _____ ID#: _____

SPECIAL INSTRUCTIONS, DISABILITIES, ALLERGIES OR MEDICAL EMERGENCY

1. _____
2. _____
3. _____
4. _____

ADMISSION INFORMATION

Operation Name		Director's Name	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent's or Guardian's Name		Address (if different from child's address)	

List telephone numbers below where parents/guardian may be reached while child will be in care:

Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No

Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:	Relationship

I hereby authorize the childcare operation to allow my child to leave the childcare operation **ONLY** with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

CHECK ALL THAT APPLY:

1. ☐ TRANSPORTATION: I hereby ☐ give ☐ do not give – consent for my child to be transported and supervised by the operation's employees:

Walk home ☐ for emergency care ☐ on field trips ☐ to and from home ☐ to and from school

2. ☐ FIELD TRIPS: I hereby ☐ give ☐ do not give – my consent for my child to participate in Field Trips:

Parent's Comments:

3. ☐ WATER ACTIVITIES: I hereby ☐ give ☐ do not give – my consent for my child to participate in Water Activities:

☐ sprinkler play ☐ splashing/wading pools ☐ swimming pools ☐ water table play

4. ☐ RECEIPT OF WRITTEN OPERATIONAL POLICIES:

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:

☐ **None** ☐ **Breakfast** ☐ **AM Snack** ☐ **Lunch** ☐ **PM Snack** ☐ **Supper** ☐ **Evening Snack**

6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:

☐ Mondays	from:	to:
☐ Tuesdays	from:	to:
☐ Wednesdays	from:	to:
☐ Thursdays	from:	to:
☐ Fridays	from:	to:
☐ Saturdays	from:	to:
☐ Sundays	from:	to:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:

I give consent for the facility to secure any and all necessary emergency medical care for my child.

_____
Signature - Parent or Legal Guardian

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

_____ _____
Signature – Parent or Legal Guardian Date

EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)

CYS SERVICES SPECIAL DIET STATEMENT

PROOF

For use of this form, see AR 608-75; the proponent agency is ACSIM.

(To be completed by a licensed Health Care Provider/Cleric as applicable)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; 29 U.S.C. 794, Nondiscrimination Under Federal Grants and Programs; DoDI 1342.17 Family Policy; AR 608-75, Exceptional Family Member Program; DoDI 6060.02, Child Development Programs; AR 608-10, Child Development Services.

PRINCIPAL PURPOSE: Information will be used to assist Army activities in their responsibilities in the overall execution of the Army's Exceptional Family Member Program and Child, Youth and School Services Programs.

ROUTINE USES: The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system.

DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided individual may not be able to utilize Army Child, Youth and School Services.

Child/Youth's Name	Date of Birth	Sponsor Name/Rank	Date

Sponsor Phone Number	Health Care Provider	Health Care Provider Phone Number

CYS Services programs participate in the Child and Adult Care Food Program (CACFP) and must serve meals/snacks meeting the CACFP requirements. Food substitutions may be made only when supported by a medical physician/health care professional. The medical physician must specify, in writing, the food to be omitted from the participant's diet and the food or choice of foods that may be substituted to meet your child/youth's nutritional requirements.

CACFP DOES NOT REQUIRE participating programs to provide food substitutions for children based on religious preferences but does allow such variation as long as appropriate substitutions are made. Army policy allows programs to provide special diet requirements for religious reasons. In order for Army CYS Services programs to honor parents' special requests, patrons who request food substitutions for religious reasons are required to have a statement from a representative of their religious institution on file.

Please check one:

☐	Participant has a disability or a medical condition and requires a special meal or accommodation (e.g. juvenile diabetes, allergy to peanuts, severe food allergy that results in) anaphylaxis). CYS Services programs participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. A licensed Healthcare Provider must sign this form. Licensed health care providers authorized to provide approval are doctors of medicine (MD), osteopathic physicians (DO), certified registered nurse practitioners (NP), or certified physician's assistants (PA). **THIS FORM MUST BE SUBMITTED PRIOR TO ATTENDING CARE**. **NOTE: Family food preferences are not an appropriate use of this form and cannot be accommodated in CYS Services programs. IAW USDA Requirements.**
☐	Participant is requesting a special diet due to the Family's religious beliefs. APHN review not required. **THIS FORM MUST BE SUBMITTED WITHIN 30 DAYS OF RECEIPT to program. SUBSTITUTIONS MUST BE PROVIDED UPON COMPLETION OF THIS FORM.**

Foods to be omitted	Reaction *(if applicable)*	*Authorized Substitutions	Additional Information (i.e. EPI-pen intervention, special food preparation)

MEDICAL SPECIAL DIET

Listed above is the food(s) to be omitted from the diet and the foods that may be substituted.
***NOTE: Substitutions will be provided as indicated on page 2 of this form unless otherwise specified.**

I certify that the above participant requires special accommodations as indicated above.

Stamp of Health Care Provider	Health Care Provider Signature	Date *(YYYYMMDD)*

RELIGIOUS SPECIAL DIET

Listed above is the food(s) to be omitted from the diet and the foods that may be substituted.
***NOTE: Substitutions will be provided as indicated on page 2 of this form unless otherwise specified.**

I certify that the above participant requires special accommodations as indicated above.

Name of Representative of Religious Institution	Signature of Representative of Religious Institution	Date *(YYYYMMDD)*

NOTIFICATION/CONSENT

In order to ensure that CYS Services staff working with children/youth has knowledge of special diet requirements, photographs of children/youth with special diets will be posted in the area where meals are served and maintained in the kitchen.

I AGREE WITH THE PLAN OUTLINED ABOVE.

Name of Parent/Guardian - **YEAR 1**	Signature of Parent/Guardian	Date *(YYYYMMDD)*
Name of Parent/Guardian - **YEAR 2**	Signature of Parent/Guardian	Date *(YYYYMMDD)*
Name of Parent/Guardian - **YEAR 3**	Signature of Parent/Guardian	Date *(YYYYMMDD)*
Name of Army Public Health Nurse	Signature of Army Public Health Nurse ***(NOTE: APHN review not required for Religious Special Diets.)***	Date *(YYYYMMDD)*

FOLLOW-UP

Allergic reactions that require treatment with prescribed medication will also require an Allergy MAP. Special Diet Statements must be updated/revised whenever the health status of the child/youth changes. If there are no changes, Special Diet Statements must be updated every 12 months.

****MEDCOM DIETICIAN APPROVED FOOD SUBSTITUTIONS**

Foods Allergy	Essential Food Component Missing	**Food Substitutions
Apple Juice	Vitamin C, dietary fiber	100% orange, grape, grapefruit juices; no juice blends
Beef	Protein	Pork, chicken, turkey, seafood, nuts, seeds, beans, legumes, cheese, yogurt, soy based “meat” selections
Chicken/Turkey	Protein	Beef, pork, seafood, nuts, seeds, beans, legumes, cheese, yogurt, soy based “meat” selections
Dairy Product	Calcium	Soy products *(cheese, yogurt)*
Eggs	Protein	Cheese
Milk *(Lactose Intolerant)*	Calcium	Soy/Rice Milk and products/Lactose Free Milk
MSG	N/A	Garlic salt/powder, onion salt/powder, Lawry's seasoned salt, all other single spices
Orange Juice	Vitamin C, dietary fiber, folic acid, potassium	100% apple, grape, grapefruit juices; no juice blends
Oatmeal	Dietary fiber, folic acid, carbohydrates	Corn, potato, soy, wheat and rice flours and arrowroot starch, cereal: corn flakes, rice crispies
Peanuts/Peanut Butter/Nuts	Protein, vitamin E, niacin, folic acid	Beans, legumes, soy nut butter, cheese
Pork	Protein	Beef, chicken, turkey, seafood, nuts, seeds, beans, legumes, cheese, yogurt, tofu, soybeans, soy based “meat” selections
Seafood	Protein	Beef, chicken, turkey, nuts, seeds, beans, legumes, cheese, yogurt, soy based “meat” selections
Soy Products	Protein	Beef, chicken, turkey, seafood, nuts, seeds, beans, legumes, cheese, yogurt, pork
Strawberries	Vitamin C, potassium, dietary fiber	Apples, oranges, pears, peaches, plums, melons
Tomatoes	Vitamin C	Apples, oranges, pears, peaches, plums, melons
Tomato Products	Vitamin C	Apples, oranges, pears, peaches, plums, melons
Wheat	Carbohydrates, folic acid, dietary fiber	Corn, potato, oat, soy and rice flours and cereal made from these items and arrowroot starch