

Member Medical Information

1. Does your son have any serious food allergies? ___No ___ Yes (If yes please list them here):_____

2. Does your son have any medical/physical limitations that we should know about? ___ No ___ Yes
If so, please list the condition (allergies, diabetes, asthma, heart murmur, etc.)

3. Has your son been diagnosed with a physical or mental disability/condition? ___No ___Yes
If so, what is the disability or condition (such as ADHD, cerebral palsy, Down syndrome, FAS)?

4. Is your son currently taking any medications? ___No ___Yes If so, please list:_____

(Please see the office if you need us to keep any medication on site for your son.)

Parent(s) / Guardian(s) Information Parent(s) Guardian(s)

Parent/Guardian 1

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Last

First

Parent Phone #s (The Club must have at least one working phone number for parents in case of emergencies.)

Home/Message

Cell

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Work

Employer Name

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Parent/Guardian 2

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Last

First

Parent Phone #s (The Club must have at least one working phone number for parents in case of emergencies.)

Home/Message

Cell

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Work

Employer Name

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Confidential Information:

In order to qualify for certain federal, state and local grant funding, the Club for Boys needs to gather the following information. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both necessary and appreciated.

Family Setting – (Please check who the member lives with):

- | | | |
|--|--|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother Only | <input type="checkbox"/> Father Only |
| <input type="checkbox"/> Mother/Stepfather | <input type="checkbox"/> Father/Stepmother | <input type="checkbox"/> Grandparents(s) |
| <input type="checkbox"/> Other Relatives | <input type="checkbox"/> Foster Parent(s) | <input type="checkbox"/> Other |

- Race/Ethnicity: Asian American Black/African American White/Caucasian
 Hispanic/Latino Native American Multi-Racial
 Other _____

Monthly Household Income: \$ _____ Total People living in Household: _____

Household Type: Apartment House Mobile Home Motel Other _____

At any time during the past year have you lived in a motel, at the Cornerstone Rescue Mission, WAVI shelter or with others because you did not have a permanent home? ____ Yes ____ No

At any time during the past year, has a close family member of your son been in jail? ____ Yes ____ No

Emergency Contact – Please provide information for at least one person other than parent(s), guardians(s) who you would like us to contact in case of an emergency.

1. Relative Grandparent Acquaintance Other

Name(s)

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Last

First

Phone #s

Home/Message

Cell

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Work

Employer Name

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2. Relative Grandparent Acquaintance Other

Name(s)

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Last

First

Phone #s

Home/Message

Cell

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Work

Employer Name

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Parent/Guardian authorizations for _____

(Print Member Name)

1. **Medical Treatment:** I give the Club for Boys permission to seek emergency medical treatment for my minor child if I cannot be reached. I release the Club for Boys, its officers, staff, volunteers and donors from liability and responsibility. I am aware and understand that I will be responsible for the cost of any/all medical attention and treatment necessary. _____ (Please initial)
2. **Collaborations with others:** On occasion, The Club for Boys needs to collaborate with other agencies to provide services for our members. Please initial the boxes below to give consent.
 - a. **Agency Contacts:** I give permission for the Club for Boys to contact other agencies (i.e., the YMCA, Big Brothers/Big Sisters, YFS Girls Inc.) in the community concerning my son's well-being. Yes _____ No _____ (Please Initial)
 - b. **Pictures and Video:** I give permission for my child's picture, moving picture, or any other graphic depiction or likeness, to be used by the Club for distribution and social media (website, FB page). Yes _____ No _____ (Please Initial)
3. **Behavior Management Systems:** The Club for Boys has a partnership with Behavior Management Systems to provide onsite counseling to Club Members. I give my permission for my son to meet with/consult with counseling (BMS) personnel should an emergent/urgent need be identified. Yes _____ No _____ (Please Initial)
4. **School Contacts:** I give permission for my son's school and the Club for Boys to discuss my son's progress in school work or behavior. Yes _____ No _____ (Please Initial) School _____

All payments and paperwork must be completed and the application signed by both the parent/guardian and member before the application will be accepted.

Date _____ Parent/Guardian Signature _____
 Parent/Guardian Print _____
 Member Signature _____

Office Use Only

Family Income Level: Free _____ Reduced _____ Paid _____ No Info Paid _____

Date Paid ____/____/____ Receipt # _____ Amount Paid \$ _____ Staff Initials _____

Entered in KidTrax: Date ____/____/____ Staff Initials _____

It is the policy of the Club for Boys not to discriminate on the basis of race, color, religion, national origin, age or disability in its programs, activities, or employment policies.