



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEFORE AND AFTER SCHOOL MEDICAL FORM GUIDE

Medical forms for children with known allergies or who have special health care needs **MUST BE COMPLETED** before attending the program.



FORMS NEEDED:

ALL FORMS ARE AVAILABLE ONLINE

ALLERGIES*

- Individual Health Care Plan for a Child With Special Health Care Needs to be completed by the parent and the Y staff
- FARE Form completed by physician and caregiver
- Consent for Emergency Medication form to be completed by physician

ASTHMA

- Individual Health Care Plan for a Child with Special Health Care Needs to be completed by the parent and the Y staff
- Consent for Emergency Medication form to be completed by physician
- NYS Asthma Action Plan to be completed by physician

***SEASONAL OR ALLGERIES THAT DO NOT REQUIRE EPI PEN DO NOT NEED TO SUBMIT MEDICAL PAPERWORK**

**ALL MEDICAL FORMS MUST BE SENT TO
YMCACHILDCARE@YMCAULSTER.ORG**



845-338-3810



www.ymcaulster.org