 Edit this form

Child's Living Arrangements

Name(s) of Legal Guardians

Who does this ASP child participant live with?

Does either Legal Guardian work for the Oconee County School System?

If yes, please list the name(s) of the OCSS employee(s):

You must present your OCSS ID at pickup to prove employment.

Child's School

Emergency Contact Information

Please provide us with an alternate Emergency Contact Information in case the Parents/Guardians cannot be reached. We will make every attempt to reach you as the parent/guardian first, but in case you cannot be reached we need an additional contact person who can be reached in the case of an emergency.

Emergency Contact Name:

Emergency Contact relationship to child:

Emergency Contact Phone Number:

Child Health Information

Does the child have any allergies?

If yes, please list allergies:

Does this allergy require an epi-pen to be on site at the program?

If an epipen needs to be present for emergencies at the program, then our Allergy Emergency Action Plan will be available in the forms section after submitting this form and must be filled out in order to register. We are unable to access the school's clinic and need an epipen (and benadryl if needed) specific for the YWCO.

Does the child currently take any medications?

If yes, please list medications:

Does this medication need to be taken at the program?

Please note that the YWCO After School Program staff is not authorized to dispense any medication to students during after school hours, except in the event of a medical emergency (i.e. insulin, inhalers, EpiPens, Benadryl).

If your child has medication that needs to be taken at the program like those listed above, then our Medication Authorization will be available in the forms section after submitting this form and must be filled out in order to register. Please be sure to notify your after school program via email so they are aware of any necessary medications. If you have any questions about our medication policies, feel free to call our main office to discuss your questions/concerns.


Does the child have any special needs or disabilities?

If yes, then please list special needs or disabilities:

Primary Pediatrician's Name:

Primary Pediatrician's Phone Number:

* Questions in bold are mandatory

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