



## 2016-2018 Youth Services Release Form

Information on this form is not part of the staff acceptance process, but is gathered to assist in identifying appropriate care needs. This is to be filled in by the parent or guardians and is **mandatory** for each child. Form must be received prior to your child's attendance. The persons listed here will be contacted to assist in medical/behavioral problem solving if the parent/guardian cannot be reached.

**All medications must be in original pharmacy containers with labels.**

**All Ages are welcome; the cost of any events or lunch is free.**

**Please fax completed form to 816-237-2065. Attention: Jake McLaughlin,  
Send by mail to 7501 Prospect Kansas City Mo, 64132. Or electronic copy to my email.  
Office # (816)237-2059, Mobile # (816)868-7802, [email-jmclaughlin@alphapointe.org](mailto:email-jmclaughlin@alphapointe.org)**

**Note: This is a fillable pdf document you can type in responses save the document and sent it back to Jake McLaughlin.**

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Youth Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex M F Age \_\_\_\_ Grade in Fall \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ T-Shirt size \_\_\_\_\_

### 1.) Primary Adult Contact

\_\_\_\_\_  
Relationship to child \_\_\_\_\_ Custodial Parent/Guardian Yes No

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_ Pager/Cellular \_\_\_\_\_

Email address \_\_\_\_\_

### 2.) Second Adult Contact

\_\_\_\_\_  
Relationship to child \_\_\_\_\_ Custodial Parent/Guardian Yes No

Phone (Day) \_\_\_\_\_ Phone (Evening) \_\_\_\_\_ Pager/Cellular \_\_\_\_\_

Email address \_\_\_\_\_

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**Health History: Check all that apply.**

Specific visual diagnosis \_\_\_\_\_ Does your child have low vision? \_\_\_\_\_

Please explain any checked boxes:

\_\_\_\_\_  
\_\_\_\_\_

**Mental, Social and Emotional Health:**

This child has no remarkable mental, social or emotional health needs.

This child has the following concerns:

Diagnosed with Attention Deficit/Hyperactivity Disorder (ADD or ADHD)

Psychiatric diagnosis such as depression, OCD, panic/anxiety disorder

Has an emotional health concern

Has a learning challenge (disability)

Has seen or is currently seeing a professional for mental/emotional health concerns

Had a significant life event that continues to affect the camper's life? (history of abuse, death of a loved one, family change, survived a disaster, others)

**Dietary Restrictions:** List anything that is not a true allergy, but would be a preference or requirement.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What Have we Forgotten to Ask?** Please provide in the space below any additional information about the child's health that you think important or that may affect the camper's ability to fully participate in the camp program. Attach additional information if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I recognize that participation in recreation and instruction activities, even when well supervised and managed, poses a risk to my child, and I agree to assume such risk on behalf of my child. I, the undersigned, hereby hold Alphapointe and its employees or volunteers and agents harmless from liability for any and all medical and/or accident expenses that my minor child may incur during their involvement in Alphapointe events. This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Authorization for Treatment: I hereby give permission to the medical personnel selected by Alphapointe to provide routine healthcare; to administer over-the-counter and prescription medications as directed by a parent; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached, in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. These forms may be photocopied for trips out of Alphapointe campus.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
Parent/guardian

I understand and agree to follow the restrictions placed on my camp activities.

**Signature of minor** \_\_\_\_\_

