



# Children's Waiting Room (ASYMCA)

## Registration Form

Sponsor's Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Last Four SNN: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

City

Zip Code

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Clinic \_\_\_\_\_

Child's Name	Date of Birth	Ethnicity
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Comments: \_\_\_\_\_

### GUIDELINES

1. Minimum age 6 months
2. No medication given – no epi pens or meds of any kind.
3. No food or drink
4. Maximum drop off time is limited to 2 hour appointment times
5. Please have child use the restroom and make sure diaper is clean and dry
6. 100% ID Check
7. Label EVERYTHING brought into the room

Children's Waiting Room and ASYMCA Staff reserves the right to refuse admittance of any child who:

1. Has a temperature of 101 degrees or higher or shows any sign of illness
2. Does not have a current shot record

\_\_\_\_\_  
Parent Signature/Date