

USMA Child Youth Services Registration and Special Needs Screening Form

AUTHORITY: Title 10, United States Code, Section 3013 (CDS&SAS) or 4334 (YS)

PRINCIPAL PURPOSE: To provide child and family program eligibility and background information.

Sponsor consent for emergency medical care.

ROUTINE USES: Information furnished to physician when emergency medical care is required.

DISCLOSURE: Is voluntary and enables Child & Youth Services to accommodate my child's needs. Failure to provide complete information may result in a delay or denial of program enrollment.

Name of SPONSOR (Last, First, MI)	Grade	SSN	Home Phone
Duty Address (include city, state, & zip)			Duty Phone

Name of SPOUSE (Last, First, MI)	Grade	SSN	Home Phone
Duty Address (include city, state, & zip)			Duty Phone

Home Address (include city, state & zip code)	Email Address:
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LOCAL Emergency Notification Designee Name	Address (include city, state & zip code)	Duty & Home Phone
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LOCAL Emergency Notification Designee Name	Address (include city, state & zip code)	Duty & Home Phone
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LOCAL Emergency Notification Designee Name	Address (include city, state & zip code)	Duty & Home Phone
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CHILD INFORMATION

Child's Name	DOB	SEX M or F	CHILD'S Social Security Number
Special Needs: (please explain)			My Child has NO Special Needs <input type="checkbox"/>

Immunization Dates

DTAP	1	2	3	4	5
IPV	1	2	3	4	
HIB	1	2	3	4	
HEP B	1	2	3		
MMR	1	2	3		
TB	1				
Varicella	1				

Immunizations must be written in space provided

Please provide a copy of immunization records at time of registration

I give consent for an authorized Child & Youth Services Representative to take my child/ren for emergency medical care. I understand that a conscientious effort will be made to notify me prior to such action & the expense, if any, will be borne by me. The information provided is complete & accurate to the best of my knowledge.