



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



KAMP K'AANA

PATIENT REFERRAL

Date _____

PATIENT INFORMATION

Patient Name:	Date of Birth:
Parent/Guardian Name:	Phone:
Address:	
E-Mail:	
Primary Language of Household: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	

PARTICIPANT ELIGIBILITY

Child must meet all qualifications to participate in the program.

- Child is 10-14 years old by June 9th, 2019 (start of Kamp K'aana)
- Child has a body mass index (BMI) of the 95th percentile or higher
- Child is cleared to participate in moderate to vigorous physical activity
- Provider will fax list of medications and immunizations records of child to the Y along with referral form.

NOTES

PROVIDER INFORMATION

Provider Name:	Phone:
Signature:	Fax:

PATIENT AUTHORIZATION

Parent/Guardian Signature:	Date:
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By signing this form, I authorize my physician to disclose my screening results to the YMCA for the purpose of determining my eligibility for the YMCA's Healthy Living Program and conduction other activities as permitted by law. I understand that I am not obligated to participate in this screening program and that this authorization is voluntary. I understand that I may revoke this authorization at any time by notifying my physician in writing. Any revocation will not have an effect on actions taken before my physician received my written revocation.

Please fax completed form to YMCA of Greater Houston at 1-888-978-7606.



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KAMP K'AANA REFERENCIA DEL PROGRAMA

Fecha _____

INFORMACIÓN DE EL PACIENTE

Nombre del Paciente:	Fecha de nacimiento:
Nombre del Padre/Guardian:	Teléfono:
Dirección:	Teléfono celular:
Correo electrónico:	
Idioma principal de la casa: <input type="checkbox"/> Inglés <input type="checkbox"/> Español <input type="checkbox"/> Otro:	

ELEGIBILIDAD DEL PARTICIPANTE

Niño debe de cumplir todos los requisitos para participar en el programa.

- Child is 10-14 years old/ Niño tiene de 10-14 años
- Child's has a body mass index (BMI) of the 95th percentile or higher/ Niño tiene un índice de masa (BMI) de el 95 por ciento o más
- Child is cleared to participate in moderate to vigorous physical activity / Niño está autorizado ha participar en actividad moderada ha vigorosa
- Provider will fax list of medications and immunizations records of child to the Y along with referral form.

Notas:

PROVIDER INFORMATION/ INFORMACIÓN DEL PROVEEDOR

Provider Name:	Phone:
Clinic Name:	
Signature:	Fax:

PATIENT AUTHORIZATION/ AUTORIZACIÓN DEL PACIENTE

Firma del Padre/Guardian:	Fecha:
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Al firmar este formulario, autorizó a mi médico a revelar los resultados de mi examen al YMCA para determinar mi elegibilidad para el programa de vida sana del YMCA y la conducción de otras actividades en la medida permitida por la ley. Entiendo que no estoy obligado a participar en este programa y que esta autorización es voluntaria. Entiendo que puedo revocar esta autorización en cualquier momento si notifico a mi médico por escrito. Cualquier revocación no va a afectar acciones que fueron tomadas antes de que mi doctor recibiera mi notificación por escrito.

Please fax completed form to YMCA of Greater Houston at 1-888-978-7606.

Providers: For questions, please contact healthy.kids@ymcahouston.org or call 713-758-9179.