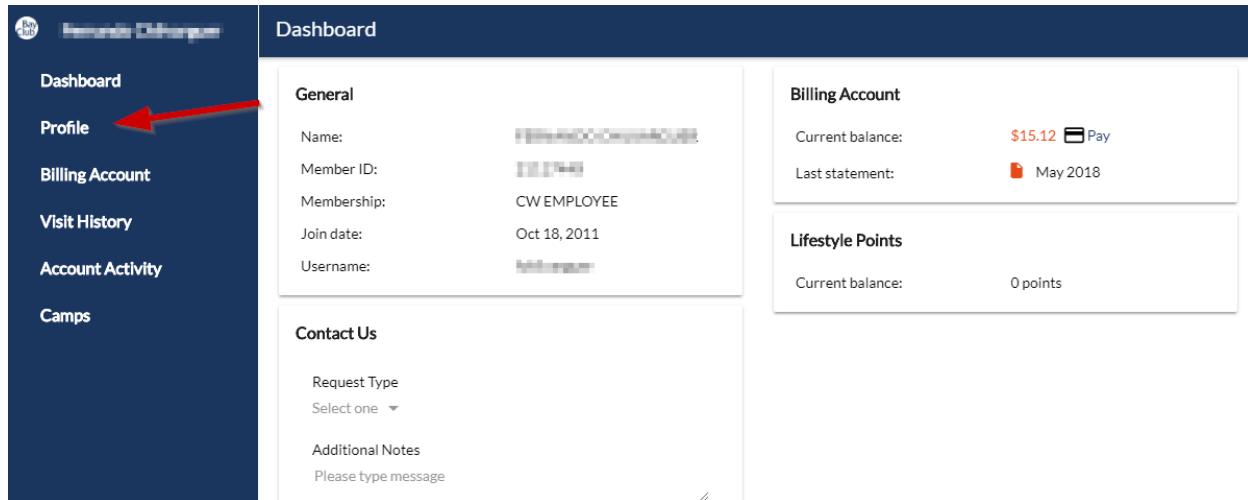


HOW TO COMPLETE THE MEDICAL FORM

Step #1: Log into your Connect account (<https://bayclubconnect.com>)

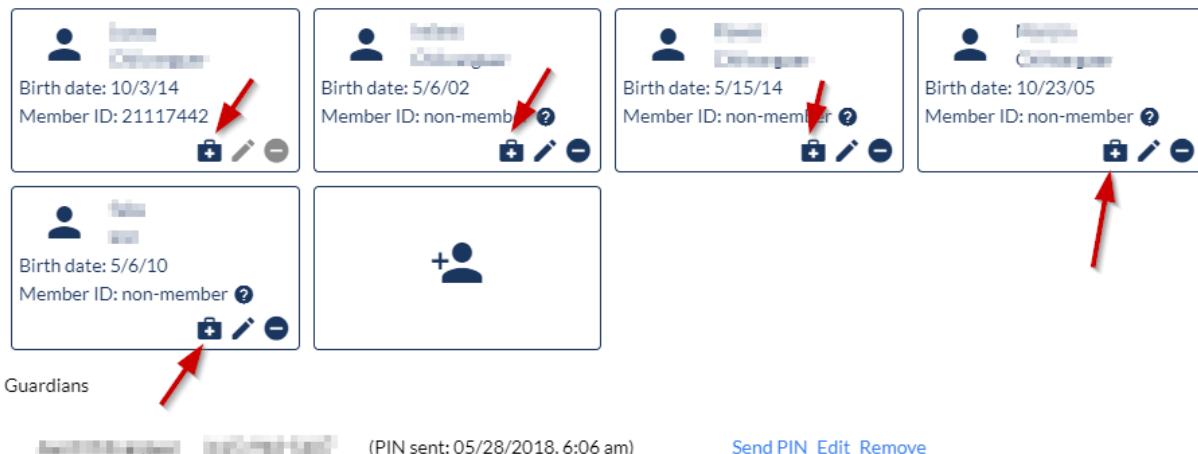
Step #2: Go to the “Profile” Area



The screenshot shows the Bay Club Connect Dashboard. On the left, a sidebar menu lists "Dashboard", "Profile" (which has a red arrow pointing to it), "Billing Account", "Visit History", "Account Activity", and "Camps". The main content area is titled "Dashboard" and contains sections for "General" (Name: [REDACTED], Member ID: [REDACTED], Membership: CW EMPLOYEE, Join date: Oct 18, 2011, Username: [REDACTED]), "Billing Account" (Current balance: \$15.12, Last statement: May 2018), and "Lifestyle Points" (Current balance: 0 points). Below these is a "Contact Us" section with "Request Type" and "Additional Notes" fields.

Step #3: For each child, click on the Medical Form icon in the bottom right to edit the medical information:

Children and guardians



The screenshot shows the "Children and guardians" section. It displays four child profiles in a grid. Each profile card includes the child's name (e.g., [REDACTED]), birth date (e.g., 10/3/14), member ID (e.g., 21117442), and a set of icons for edit, question, and delete. Below the grid is a "Guardians" section with a plus sign icon. At the bottom, there are buttons for "Send PIN", "Edit", and "Remove", and a note stating "(PIN sent: 05/28/2018, 6:06 am)".

Step #4: Once you are done completing ALL the information, click “SAVE” at the bottom.

← Edit Medical Record

12. Have problems with diarrhea/constipation?

Yes

No

Details

13. Have any skin problems?

Yes

No

Details

● Mental, Emotional and Social Health

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity (ADHD)?

Yes

No

Details

2. Ever been treated for emotional or behavioral difficulties or an eating disorder?

Yes

No

Details

3. During the past 12 months, seen a professional to address mental/emotional health concerns?

Yes

No

Details

4. History of abuse, death of loved one, family change, adoption, foster care, new sibling, survived a disaster.

Yes

No

Details

● Healthcare providers



Name of primary doctor

Phone number

Name of dentist

Phone number

Name of orthodontist

Phone number

● Medical Insurance information

The child is covered by family medical/hospital insurance

Yes

No

● Sunscreen authorization

Staff may use the sunscreen of their choice following the directions printed on the bottle

Yes

No

● Emergency Contact

Fernando

(111) 111-1111

CANCEL

SAVE

