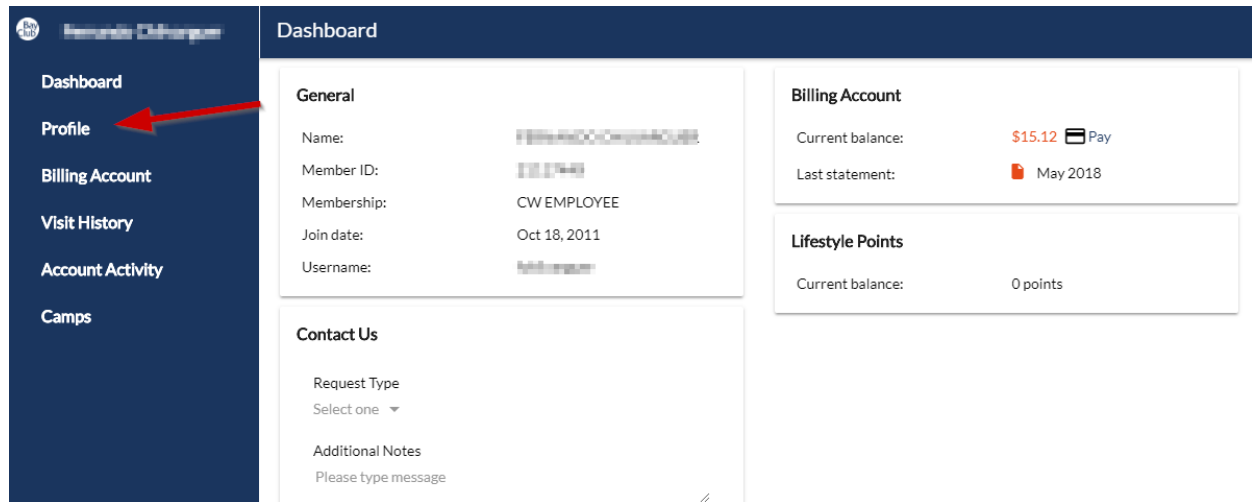


HOW TO COMPLETE THE MEDICAL FORM

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

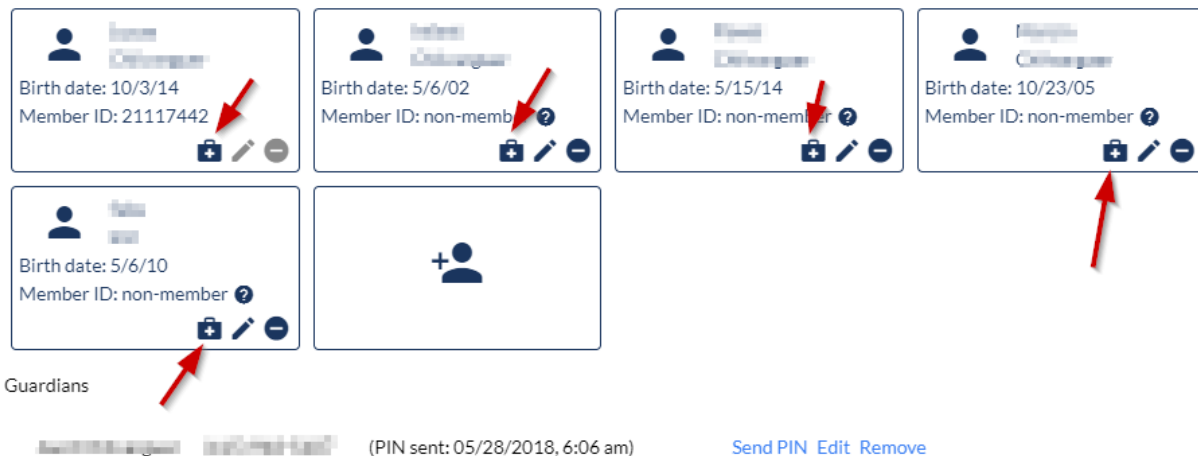
Step #2: Go to the "Profile" Area



The screenshot shows the Bay Club Connect dashboard. On the left is a dark blue sidebar with a menu: Dashboard, Profile (highlighted with a red arrow), Billing Account, Visit History, Account Activity, and Camps. The main content area is titled "Dashboard" and contains three sections: "General" (Name, Member ID, Membership, Join date, Username), "Billing Account" (Current balance: \$15.12, Last statement: May 2018), and "Lifestyle Points" (Current balance: 0 points). At the bottom is a "Contact Us" section with a "Request Type" dropdown and a text area for "Additional Notes".

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 five child profiles and one guardian profile. Each profile card shows the child's name, birth date, and member ID. The first four are children, and the fifth is a guardian. Each card has a medical form icon (a blue square with a white cross) in the bottom right corner, which is highlighted by a red arrow. Below the profiles, there is a "Guardians" section with a list of guardians. At the bottom, there is a "Send PIN" button and a "Remove" button.

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