



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## EMERGENCY INFORMATION

Child's name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Date Completed: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**CHILD'S PHYSICIAN:** \_\_\_\_\_

Clinic's Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**CHILD'S DENTIST:** \_\_\_\_\_

Clinic's Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**ALLERGIES:** \_\_\_\_\_

I do hereby authorize the following person(s) to pick up my child and to be contacted in case of an emergency when parent/guardian(s) cannot be reached:

#1 Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell \_\_\_\_\_  
#2 Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell \_\_\_\_\_  
#3 Name: \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell \_\_\_\_\_

### PERSONS NOT AUTHORIZED TO PICK UP MY CHILD

\_\_\_\_\_  
\_\_\_\_\_

### I DO HEREBY AGREE TO THE FOLLOWING:

1. To allow my child to participate in supervised outside play, walks and field trips.
  2. To allow first aid treatment to be given to my child by the Child Care Personnel and/or certified first aid professional.
  3. To allow the YMCA staff to act in an emergency or when I cannot be reached or delayed.
  4. To complete a new emergency information form when there is a change of information.
- Parent/Guardian Signature \_\_\_\_\_