



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CHILD CARE CENTER EMERGENCY INFORMATION

Child's Name: _____ Birthdate: _____

Home address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____ Other Phone: _____

Employer: _____ Business Phone: _____

Email: _____

Parent/Guardian: _____ Other Phone: _____

Employer: _____ Business Phone: _____

Email: _____

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: _____ Phone: _____

Address: _____

Relationship to child: _____

2. Name: _____ Phone: _____

Address: _____

Relationship to child: _____

3. Name: _____ Phone: _____

Address: _____

Relationship to child: _____

Persons NOT authorized to pick up my child:

1. _____

2. _____

3. _____

Child's Physician: _____ Phone: _____

Physician's Address: _____

Hospital (preferred): _____

Child's Dentist: _____ Phone: _____

Dentist's Address: _____

Health Insurance Plan _____ **Policy #** _____

Allergies: _____

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 person.
- 3. To allow the YMCA staff to act in an emergency or when I cannot be reached or I am delayed.
- 4. To complete a new emergency information form when there is a change of information.

Parent/Guardian's Signature: _____ Date: _____