



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: