



YMCA
We build strong kids,
strong families, strong communities.

Effective Date: _____ / _____ / _____

Emergency Information / Update Form

<u>Today's Date</u>	<u>Child's Last Name/First Name</u>	<u>YMCA Center/School</u>	<u>Birth date</u>	<u>Gender</u>
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(The "Responsible Party" is the parent/legal guardian enrolling the child and is responsible for payment of fees, signing releases, authorizing individuals to sign out the child and making any changes to the child's participation in the program.)

<u>Responsible Party's First/Last Name</u>	<u>Birth date (For ID Purposes)</u>	<u>Relationship to child</u>	<u>()</u>	<u>Cell/Pager Number</u>
<u>Home Address</u>	<u>City</u>	<u>Zip Code</u>	<u>()</u>	<u>Home Phone</u>
<u>Email Address</u>	<u>Responsible Party's Employer Name</u>		<u>()</u>	<u>Employer Phone</u> <u>Ext.</u>
<u>Driver's License No./ State of Issue</u>	<u>Social Security Number</u>		<u>Child lives with? (Mom, Dad, Both, 50/50)</u>	
<u>Other Parent's First/Last Name (if applicable)</u>	<u>Birth date (For ID Purposes)</u>	<u>Relationship to child</u>	<u>()</u>	<u>Cell Phone</u>
<u>Email Address</u>	<u>Employer Name</u>		<u>()</u>	<u>Employer Phone</u> <u>Ext.</u>

EMERGENCY MEDICAL INFORMATION: (THIS INFORMATION IS REQUIRED)

Physician _____	Phone (____) _____
Dentist _____	Phone (____) _____
Insurance Co. _____	Policy No. _____

List any ALLERGIES (Food, medications, environmental, etc.) and describe the reaction: _____

MEDICAL AUTHORIZATION: As the parent, authorized representative, or legal guardian, I hereby give consent to the YMCA to provide emergency dental or medical care prescribed by a duly licensed physician (M.D.), dentist (D.D.S.) or osteopath (D.O.) for _____.

This care may be given under whatever conditions are necessary to preserve life, limb or well being of the child named above.

Parent/Guardian Signature _____ **Date** _____

SIGN OUT AUTHORIZATION / EMERGENCY CONTACTS - The following individuals have my **unrestricted** permission to sign the above named child out from the YMCA school-age child care program and should be contacted in an emergency when I cannot be reached. Please notify Child Care Director in advance in writing if an individual not listed will be picking up your child. **(Minimum of two required)**

Name _____	Relationship to child _____	Phone (____) _____	Phone (____) _____
Name _____	Relationship to child _____	Phone (____) _____	Phone (____) _____
Name _____	Relationship to child _____	Phone (____) _____	Phone (____) _____
Name _____	Relationship to child _____	Phone (____) _____	Phone (____) _____

The following individuals are **restricted** from signing out my child due to a court-issued restraining order (A certified copy of the official court documentation must be kept in child's YMCA file).

Name _____	Name _____
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This form will be retained in the child's file and is available for review by the State of California, Department of Social Services, and Community Care Licensing.

Parent/Guardian Signature _____ **Date** _____