

**IDENTIFICATION /EMERGENCY CONTACT INFORMATION**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Gender M F (circle one)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person Responsible \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
For Child

Names of additional persons authorized to take child from facility: Child will not be allowed to leave with any other person without written authorization from Parent/Guardian..

1) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

3) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Additional people who may pick up in an emergency:

1) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**People who should NEVER pick up my child (ren). (Release cannot be denied to a parent without a court order.)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

The undersigned, as parent/guardian of the child registered on this form hereby authorize the YMCA and its delegated leaders and directors to consent to any medical and hospital care rendered to said minor upon the advice of s licensed physician. It is understood that if time and circumstances reasonably permit the YMCA will endeavor, but it is not requires to, communicate with me prior to such treatment. The undersigned further agrees that the YMCA and its designated leaders and directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of minor is given to the YMCA in connection with any authorized event.

Signed \_\_\_\_\_

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

**Physician/Dentist to be called in an emergency:**

Physician's Name and Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name and Address \_\_\_\_\_ Phone \_\_\_\_\_

Medical Plan \_\_\_\_\_ Medical# \_\_\_\_\_

Chronic illness and/or Allergies \_\_\_\_\_

Medication taken ion a regular basis \_\_\_\_\_

Medical Form on File Yes  No

I authorize the YMCA staff to apply a sunscreen lotion to the exposed skin areas of my child on an as needed basis: Yes  No

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_