

EMERGENCY CONTACT / PARENTAL CONSENT FORM

Child's Name		Birthdate
Address		
Mother or Legal Guardian's Name		Home Phone
Address		Other Phone
Father or Legal Guardian's Name		Home Phone
Address		Other Phone
Emergency Contact Persons		Phone
		Phone
		Phone
		Phone
Child's Physician		Phone
Address		
Allergies	Medical or Dietary Information Necessary in an Emergency Situation	
Medications	Special Disabilities	
Health Insurance	Policy Number	
Parent or Guardian's Signature required for each item below to indicate consent.		
Obtaining Emergency Medical Care	Administration of First Aid Procedures	

Signature of Parent or Guardian

Date



Upper Perkiomen Valley YMCA
Please complete and return to the YMCA office.