Preschool Program Emergency Contact Information

Child's Name _____ Age _____ Birthday _____
First Middle Last

Mother/Legal Guardian's Name _____

Address _____

Home Telephone Number _____ Cell Number _____

Email address _____

Employer's Name _____ Employer's Telephone Number _____

Father/Legal Guardian's Name _____

Address _____

Home Telephone Number _____ Cell Number _____

Email address _____

Employer's Name _____ Employer's Telephone Number _____

Emergency Contact Person(s) (Other Than Parent):

1. _____ Telephone Number _____
2. _____ Telephone Number _____

Person(s) To Whom Child May Be Released

1. _____ Telephone Number _____
2. _____ Telephone Number _____

Allergies (including food and medication reactions) _____

Any other special needs we should be aware of _____

A Parent's Signature Is Required for Each Item below to Indicate Parental Consent

Walks and Field Trips _____

Child being photographed by YMCA Staff or local newspaper photographer _____

Child's photograph being placed on the YMCA's Facebook Page or Brochures for promotional purposes

_____

Administering of minor first aid procedures _____

Obtaining emergency medical care _____

Swimming _____

(check One) Flotation Device: 4 pack ____ 3 pack ____ 2 pack _____ 1 pack ____ Or No flotation Device ____