

Greater Morristown YMCA Emergency Contact Information

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E Mail: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E Mail: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

EMERGENCY CONTACT TO WHOM THE CHILD MAY BE RELEASED IF PARENT/GUARDIAN IS UNAVAILABLE

Name & Relationship #1: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E Mail: \_\_\_\_\_

Name & Relationship #2: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E Mail: \_\_\_\_\_

Child's Healthcare Provider

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Health Insurance

Name of Insurance #1: \_\_\_\_\_ ID# \_\_\_\_\_

Subscriber name on insurance: \_\_\_\_\_

List special conditions, disabilities, allergies, or medical information for emergency situations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List preferences for transport arrangement in an emergency situation.

(Parents/guardians are responsible for all emergency transportation changes):

Hospital preference: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice: \_\_\_\_\_

Parent/Guardian Consent and agreement for Emergencies

As a parent/guardian, I give consent to have my child, \_\_\_\_\_, receive first aid by the childcare staff and, if necessary, be transported to receive emergency care. I also authorize the Director or Director Designee to contact my child's health care provider to alert him/her to my child's situation. I understand that I will be responsible for the charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and twice yearly. In the event of accidental poisoning, I agree that my child may receive syrup of Ipecac as directed by the Poison Control Center.

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

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