

After school Emergency and Pick-up Form

Camper's name _____

Mother's name _____ Phone # _____

Father's name _____ Phone # _____

Emergency Information:

Doctor _____ phone # _____

Dentist _____ phone # _____

Hospital Preference _____

List all allergies: (food, medicine, insect, etc.)

In the case of an emergency and neither parent can be reach who can we call?

Name _____ Phone # _____

Name _____ Phone # _____

I agree that the YMCA Staff may authorize the physician of their choice to provide emergency care in the event that the family physician or I cannot be contacted immediately.

Parent/Guardian Signature _____

Date: _____

People permitted to pick-up my child: (We will require photo IDs)

Name: _____ Name: _____

Name: _____ Name: _____