

STATELINE FAMILY YMCA EMERGENCY CARD

General Information

Childs Name: _____ DOB: _____

Home Adress: _____

Guardian 1: _____ Phone: _____

Guardian 2: _____ Phone: _____

Medical Information

Allergies: _____

Current Medication: _____

Preferred Hospital (if needed): _____

Physician _____ Phone: _____

Parent/Guardian Signature Authorizing Emergency Care:

_____ Date: _____

**In addition to the Guardians listed on the front of this card,
the following people have permission to pick up my child.**

***Please update this cared as needed**

1) _____ Phone: _____

2) _____ Phone: _____

3) _____ Phone: _____

4) _____ Phone: _____

5) _____ Phone: _____

6) _____ Phone: _____

Other information that may be helpful: _____

My child has permission to be photographed by the Y: YES or NO
My child's photo may be used on the Y's social media, website, or
other marketing material: YES or NO

Parent/Guardian Signature:

_____ Date: _____