

Stateline Family YMCA After School Enrichment Emergency Card

Child's Name: _____ D.O.B.: _____

Home Address:: _____ Phone: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Child's Medical Information

Allergies: _____ Current Medication: _____

If needed, preferred hospital: _____

Physician & Phone: _____

Parent/Guardian Signature Authorizing Emergency Care:

Date: _____

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In addition to the Mother and Father listed on front of this card,
the following people have permission to pick-up my child:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Parent/Guardian Signature: _____

Date: _____

Other Information: _____

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