

**Stateline Family YMCA Child Care**

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: \_\_\_\_\_

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. \_\_\_\_\_

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

Other Information: \_\_\_\_\_

My child had permission to be photographed by the Y: Yes or No

My child's photo may be used on the Y's Facebook Page and other marketing materials: Yes or No

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