

**NORTH PENN YMCA
EMERGENCY CONTACT/PARENTAL CONSENT FORM**

Child's Name _____ **Birthdate** _____

Address _____

Mother's Name/Legal Guardian _____ **Home Phone** _____

Address _____ E-Mail _____ Cell _____

Business Name _____ Business Phone _____

Address _____

Father's Name/Legal Guardian _____ **Home Phone** _____

Address _____ E-Mail _____ Cell _____

Business Name _____ Business Phone _____

Address _____

Emergency Contact Person{s}	Name{s}	Telephone Number When In Care

Person{s} To Whom Child May Be Released

Name	Address	Telephone Number When In Care

Name of Child's Physician/

Medical Care Provider _____ **Telephone Number** _____

Address _____

Special Disabilities {If Any} _____

Allergies {including medication reaction} _____

Medical or Dietary Information necessary in an emergency situation _____

Medication, Special Conditions _____

Additional Information on Special Needs of Child _____

Health Insurance coverage for child or Medical Assistance Benefits

Policy Number {required}

Parent's/Guardian's Signature is required for each item below to indicate parental consent.

Obtaining Emergency Medical Care _____

Administration of First Aid Procedures _____

Walks & Trips _____ Swimming & Wading _____

Transportation by the facility _____

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____
