



Kids Corner EMERGENCY CARD

Date Completed _____

Child's Name: _____

D.O.B. _____

Address: _____

City, State: _____

Phone Numbers

Mothers Name: _____

Home: _____

Cell: _____

E-mail address: _____

Fathers Name: _____

Home: _____

Cell: _____

Emergency Pick-Up (Someone other than parents who lives 15 – 20 minutes from the YMCA)

Name: _____

Home: _____

Address: _____

Cell: _____

Place of Employment: _____

Work: _____

I give permission for promotional photographs to be taken of my child.

Circle One: YES NO

CHILD HEALTH HISTORY

Does your child have any allergies such as bee stings, food or medications?
If yes, describe them and indicate special precautions or care needed.

Allergies: _____

Daily Medications: _____

HEALTH HISTORY

List any serious illnesses that your child has had within the last six months.

Does your child have a history of: Asthma, Diabetes, Heart Problems, Rheumatic Fever, Seizures, others:

Disabilities such as physical, sensory or cognitive

Please describe any special emergency care instructions or information needed by the childcare staff/provider.

I give my consent for emergency medical care for treatment, to be used only if I cannot be reached immediately. Circle one: YES NO

Parent or Guardian Signature

Date