



Kids Corner EMERGENCY CARD

DATE COMPLETED _____

Child's Name: _____ D.O.B. (/ /)

Sibling name(s) and D.O.B. _____

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PHONE NUMBERS

Mother's Name: _____

Father's Name: _____

Phone: () _____

Phone: () _____

E-mail address: _____

E-mail address: _____

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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: _____

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 other: _____

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. **(Y / N)**

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Please Circle Y or N

- I give permission for promotional photographs (print & social media) to be taken of my child. **(Y / N)**
- I give permission for photographs to be taken of my child for craft purposes. **(Y / N)**
- I understand that I must stay onsite while my child(ren) are in care. **(Y / N)**
- I have read the Kids Corner Brochure and understand policies around: rates/fees, 2 hour limit per day, snacks, illness, bringing supplies, hours, late fees etc. **(Y / N)**
- I understand there is a \$1 per minute per child late fee for every minute over two hours or past closing starting at minute 1. **(Y / N)**
- I know that the Child Care Policy Handbook can be found at www.ymcafoxcities.org **(Y / N)**

Parent or Guardian Signature

Date