



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EMERGENCY INFORMATION CARD

YMCA CHILDREN'S ACADEMY

Y Academy Teacher _____ Classroom _____

Child's Full Name _____ DOB ____/____/____

Hair Color _____ Eye Color _____ Home Phone _____

Address _____

City

State

Zip

Name of Parent/Guardian 1 _____

Primary Phone _____ Home Work Cell

Secondary Phone _____ Home Work Cell

Name of Parent/Guardian 2 _____

Primary Phone _____ Home Work Cell

Secondary Phone _____ Home Work Cell

Emergency Contact Name _____ Phone _____

Child's Doctor _____ Office Phone _____

Allergies _____

Medications _____

May we apply sunscreen to your child? Yes No

May we take photos of your child? Yes No