



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# EMERGENCY INFORMATION CARD

## YMCA CHILD CARE CENTER

YMCA Child Care Center 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 \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Medications \_\_\_\_\_

May we apply sunscreen to your child?  Yes  No

May we take photos of your child?  Yes  No