



KEENE FAMILY YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EMERGENCY CONTACT FORM 2016-2017

Child's Name: _____

DOB: _____

Home Address: _____

Parent/Guardian's Name: _____

Phone: _____

Guardian's Email: _____

Emergency Contact: _____ Phone: _____

Child's Health Information:

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Allergies (i.e. foods, medicines): _____

Medications being taken: _____

Special health conditions (i.e. asthma, diabetes): _____

Medical Emergency Permission:

I hereby give permission for the KEENE FAMILY YMCA staff to give simple first aid when necessary. In the event of a more serious accident or sudden illness, the KEENE FAMILY YMCA has my permission to arrange transportation to a hospital or other medical facility to receive emergency medical treatment until I can be contacted.

Parent/Guardian Signature: _____ Date: _____

Insurance Co.: _____ Policy #: _____

Insurance Held By: _____

Coach Use Only:

