



Emergency Care Card

Name: _____ Age: _____ Security Code: _____

Parent Name: _____ Cell: _____ Work: _____
Parent Name: _____ Cell: _____ Work: _____

Emergency Contact:
Name: _____ Number: _____
Name: _____ Number: _____

Allergies: _____

Special Needs/Accommodations: _____



Emergency Care Card

Name: _____ Age: _____ Security Code: _____

Parent Name: _____ Cell: _____ Work: _____
Parent Name: _____ Cell: _____ Work: _____

Emergency Contact:
Name: _____ Number: _____
Name: _____ Number: _____

Allergies: _____

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Emergency Care Card

Name: _____ Age: _____ Security Code: _____

Parent Name: _____ Cell: _____ Work: _____
Parent Name: _____ Cell: _____ Work: _____

Emergency Contact:
Name: _____ Number: _____
Name: _____ Number: _____

Allergies: _____

Special Needs/Accommodations: _____

Authorized to Pick Up:

Name: _____ **Driver License Number:** _____
Name: _____ **Driver License Number:** _____
Name: _____ **Driver License Number:** _____
Name: _____ **Driver License Number:** _____

Unauthorized to Pick Up:

Name: _____ **Name:** _____

Emergency Statement: If a child is injured or becomes ill while in the YMCA Summer Camp, staff will do the following: Administer basic first aid, Contact parent/guardian, Contact YMCA Director. If necessary, transport the child to the nearest medical facility. Fill out all necessary paperwork for licensing. In the event that I cannot be reached to make arrangements for medical treatment, I authorize YMCA Staff to administer first aid / or transport to the nearest hospital.

Signature: _____ **Date:** _____

Authorized to Pick Up:

Name: _____ **Driver License Number:** _____
Name: _____ **Driver License Number:** _____
Name: _____ **Driver License Number:** _____
Name: _____ **Driver License Number:** _____

Unauthorized to Pick Up:

Name: _____ **Name:** _____

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Signature: _____ **Date:** _____

Authorized to Pick Up:

Name: _____ **Driver License Number:** _____
Name: _____ **Driver License Number:** _____
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Name: _____ **Name:** _____

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