

**PARENTS NIGHT OUT**  
**EMERGENCY CONTACT FORM**

Good evening and thank you for entrusting your child(ren) to our care. Please complete the following information to help us contact you in the event of an emergency.

Child's Name_____	Birth date_____	Child's Age_____
Child's Name_____	Birth date_____	Child's Age_____
Child's Name_____	Birth date_____	Child's Age_____
Child's Name_____	Birth date_____	Child's Age_____
Child's Name_____	Birth date_____	Child's Age_____

Parent's Name(s)\_\_\_\_\_ Home Number\_\_\_\_\_

Address\_\_\_\_\_ Cell Phone Number\_\_\_\_\_

\_\_\_\_\_ Email\_\_\_\_\_

(Will be used for Parent's Night Out reminders only)

Please list below any people who may be contacted in the event of an emergency and you cannot be reached:

Name_____	Phone Number_____
Address_____	
Name_____	Phone Number_____
Address_____	
Name_____	Phone Number_____
Address_____	

Please list any allergies or special medical needs (include medicines your child may be taking):

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Please list below any special instructions to help us provide the best care possible for your child:

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Please provide us with a brief agenda for your evening, so in the event of an emergency we can try to reach you (telephone numbers would be appreciated if possible): \_\_\_\_\_

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**\*PLEASE COMPLETE THIS FORM AND RETURN TO CHILD WATCH STAFF  
BEFORE LEAVING THE YMCA.  
THANK YOU AND HAVE A GREAT EVENING!**