

**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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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