

WAYNESBORO AREA YMCA EMERGENCY CONTACT / PARENTAL CONSENT FORM

Student Information

Student Name:		Birthdate:	
Street:	City:	State:	Zip Code:

Parent/Guardian 1 Information

Guardian Name:		Relationship to Participant:	
Home Phone:		Work Phone:	
Street:	City:	State:	Zip Code:
Email address:		Employer:	
Employer Address:	City:	State:	Zip Code:

Parent/Guardian 2 Information

Guardian Name:		Relationship to Participant:	
Home Phone:	Cell Phone:	Work Phone:	
Street:	City:	State:	Zip Code:
Email address:		Employer:	
Employer Address:	City:	State:	Zip Code:

Emergency Contact Person (list in order to be called)

Name:	Name:	Name:
Phone Number:	Phone Number:	Phone Number:

Authorized to pick-up

Name:	Address:	Phone Number:

Health Information

Physician/Medical Care Provider:		Phone Number:	
Physician Address:	City:	State:	Zip Code:
Special Disabilities: (IF ANY)	Allergies:		
Medical/Dietary Information:	Medication Special Conditions:		
Additional Information on Special Needs of Child:			
Health Insurance Coverage:		Policy Number:	

Parent Signature is Required for Each Item Below to Indicate Parental Consent

Obtaining Emergency Medical Care:	Walks and Trips:
Admin. Of Minor First-Aide Procedures:	Swimming:
Transportation By the Facility:	Wading:
Photo Consent:	Sunscreen:

Parent/Guardian Signature Date:

Parent/Guardian Signature (6 month review) Date:

Parent/Guardian Signature (9 month review) Date:

Parent/Guardian Signature (12 month review) Date: