

Northwest CT YMCA Childcare program
Emergency Contact Information

Child's name: _____ DOB: _____
Child's Address _____
Email address _____

Please list all possible pickups and emergency contacts **including parents and/or guardians and at least two others**

Parent/Guardian #1

Name: _____	Relationship: _____
Phone (home:): _____	Authorized pick up Yes No
Phone (cell): _____	Emergency Contact Yes No
Phone (work): _____	Access to Health Info Yes No

Parent/Guardian #2

Name: _____	Relationship: _____
Phone (home:): _____	Authorized pick up Yes No
Phone (cell): _____	Emergency Contact Yes No
Phone (work): _____	Access to Health Info Yes No

Name: _____	Relationship: _____
Phone (home:): _____	Authorized pick up Yes No
Phone (cell): _____	Emergency Contact Yes No
Phone (work): _____	Access to Health Info Yes No

Name: _____	Relationship: _____
Phone (home:): _____	Authorized pick up Yes No
Phone (cell): _____	Emergency Contact Yes No
Phone (work): _____	Access to Health Info Yes No

Name: _____	Relationship: _____
Phone (home:): _____	Authorized pick up Yes No
Phone (cell): _____	Emergency Contact Yes No
Phone (work): _____	Access to Health Info Yes No

Name: _____	Relationship: _____
Phone (home:): _____	Authorized pick up Yes No
Phone (cell): _____	Emergency Contact Yes No
Phone (work): _____	Access to Health Info Yes No

Medical Information: Please list any allergies your child has, as well as any medical or psychological conditions. (This information is for staff use only and will not be shared or result in exclusion from the program) _____

Does your child have: Asthma? Yes No Diabetes? Yes No Allergies? Yes No Seizures? Yes No

Physician: _____	Phone: _____
Dentist: _____	Phone: _____
Insurance provider: _____	Policy #: _____ Phone: _____

Parent signature _____ Date _____