



FIELD TRIP/EMERGENCY INFORMATION FORM

Child's Name

Street

Address _____

State _____ Zip Code _____

Home Phone _____ Birth Date _____

Mother's Name

Business & Cell Phone _____

Father's Name

Business & Cell Phone _____

Child's Physician _____

Physician's Phone _____

List any allergies or intolerance to food, medication, etc.

In case of allergic reaction what steps do you authorize the YMCA staff to take:

EMERGENCY CONTACTS: (MUST HAVE 2) (DAY TIME CONTACTS)

Name _____ Relation to child _____

Home Phone _____ Business Phone _____

Name _____ Relation to child _____

Home Phone _____ Business Phone _____

Parent or Guardian's Signature _____