



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 _____