



**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** \_\_\_\_\_