



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