

Special Needs/Allergies/Other Concerns _____

In the event of a serious accident or emergency, I give permission for my child _____ to receive emergency treatment through his/her family doctor

Clinic/Doctor's Name: _____ Address: _____ Phone: _____

or through a local hospital emergency facility. I understand that this permission is only to be used when I cannot be reached, or the emergency requires immediate attention.

EMERGENCY CONTACT PERSONS *(The following people are authorized by me to be contacted and/or bring or pick up my child in case of an emergency.)*

Name: _____ Address: _____ Relationship: _____ Phone _____

Name: _____ Address: _____ Relationship: _____ Phone _____

Name: _____ Address: _____ Relationship: _____ Phone _____

In case of emergency, I give the Early Childhood Education Center permission to transport my child. Yes No

Signature of Parent or Guardian

Date

YMCA OF METROPOLITAN MILWAUKEE EARLY CHILDHOOD EDUCATION

EMERGENCY CONTACT CARD

Classroom _____

Child's Name: _____ Birthdate: _____

Father's Name: _____ Mother's Name: _____

Circle one: Single Married Divorced Separated Circle One: Single Married Divorced Separated

Home Address: _____ Home Telephone: _____

Father's Employer: _____ Telephone: _____

Mother's Employer: _____ Telephone: _____

PICK-UP PERMISSION *(The following people are authorized by me to bring or pick up my child.)*

Name: _____ Address: _____ Relationship: _____ Phone _____

Name: _____ Address: _____ Relationship: _____ Phone _____

Name: _____ Address: _____ Relationship: _____ Phone _____

Signature of Parent or Guardian

Date

Comments: Please note names of persons excluded from pick-ups: _____