### Participant Emergency Information Packet



This form must be completed and returned with the registration form. Only one of these forms is needed for same registration throughout the year. The following questions are being asked so that our staff can better serve your child and all other children. Your answers are strictly confidential. Please be as specific as possible. Please print clearly. Thank you.

## Child’s name: Birthdate: Age: Gender Address: City: State: Zip: Family e-mail address: School Name: Grade:

Parent/Guardian #1: Relationship: Cell Phone: Address: City: State: Zip: Employer: Title: Work hours: Work Phone:

Parent/Guardian #2: Relationship: Cell Phone: Address: City: State: Zip: Employer: Title: Work hours: Work Phone:

Child lives with: Both Parents Mother Father Other

**Adults Authorized to Pick-up my Child/Emergency Contacts other than Parent/Guardian** (min of 2 required)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Relationship** | **Cell Phone** | **Home Phone** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |

**UNAUTHORIZED PICK-UP: People who CANNOT pick up your child from the YMCA:**

## Name Relationship

1. Name Relationship

**AUTHORIZED PICK-UP/EMERGENCY PICK-UP:** I, authorize the people listed above to pick up my child and be contacted in the event of an emergency from the

## YMCA. In doing so, I relieve the YMCA of Tri-Town YMCA, its centers and employees of all responsibility for my child after he/she has been released from the program.

Attempts will be made to reach the parent/legal guardian first. **Initials**

**INSURANCE INFORMATION:** Is the participant covered by family medical/hospital insurance?

##  Yes  No If yes, indicate carrier or plan name Group # Doctor name Phone number Carrier address City/State/Zip Name of insured Relationship to participant

**HEALTH HISTORY**: Describe any of your child’s current health conditions requiring medical attention, treatment or special restrictions or considerations while at the YMCA. Do not leave blank. Write “none” if there are none.

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Does your child take any medications?

Does your child have any allergies, including food? \_

If so, please list

Reaction to allergy/management of allergy

Are there any activities that your child should be exempted from for health reasons?

If yes, please describe

All immunizations required for school are up to date

Yes No (exemption letter must be provided).

## Date of last TETANUS shot (mm/yy)

Please list any past medical treatments:

**MEDICAL RELEASE:** I do hereby give permission for the Tri-Town YMCA staff to transfer child named above off property for the purpose of medical care as deemed appropriate by the Director and in the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Director, to hospitalize, to secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. **Initials**

**DEVELOPMENTAL HISTORY OF CHILD:** Please describe your child’s interaction with children of the same age:

## How would you describe your child’s personality?

Swimming ability: Non-swimmer Fair swimmer Good swimmer

Does your child have any fears that we should be aware of?

Does your child have any special needs that we should be aware of to better understand your child and be able to work with your child? (please be specific)

The Tri-Town YMCA invites persons with disabilities to enjoy Y programs and facilities. If you require a reasonable modification due to a disability to enjoy any of our programs, please inform center staff and a member of the YMCA’s administrative department will contact you.

**AUTHORIZATION FOR SUNSCREEN**

By signing this form, I acknowledge that I will sufficiently apply sunscreen to all of my child’s exposed skin, and agree that Tri-Town YMCA Staff may reapply the spray sunscreen that I provide, labeled with my child’s name.

**Parent/Legal Guardian Printed Name: Parent/Legal Guardian Signature:**

**Date**: **Daytime Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**