



YMCA SWIM TEAM
EMERGENCY CONTACT FORM



Child's Name: _____ **Birthdate:** _____

Address: _____

Mother's Name/Legal Guardian: _____

Address: _____ **Email:** _____

Home Phone # _____ **Business Phone #** _____ **Cell Phone #** _____

Father's Name/Legal Guardian: _____

Address: _____ **Email:** _____

Home Phone # _____ **Business Phone #** _____ **Cell Phone #** _____

Emergency Contact Person(s)

(1) Name: _____ **Phone # when child is in care:** _____

(2) Name: _____ **Phone # when child is in care:** _____

Name of Child's Physician/Medical Care Provider: _____

Address: _____ **Phone #:** _____

Health Insurance Coverage for child: _____

Policy Number: _____

Special Disabilities (if any): _____

Allergies (including medication reaction) _____

Medical or Dietary information necessary in an emergency situation: _____

Medication, special conditions: _____

Additional information on special needs of child: _____

Signature of Parent/Guardian

Date