



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PRINCETON FAMILY YMCA

CHILD WATCH—EMERGENCY INFORMATION FORM

Child's Name _____ Birth Date _____

Address _____

Home Phone _____ Cell Phone _____

Mother's Name _____ Father's Name _____

Known Allergies: _____

Additional Notes: _____

When Parents cannot be reached, list at least TWO people who may be contacted in case of an emergency:

Name: _____ Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Princeton Family YMCA to transport my child to the NEAREST HOSPITAL EMERGENCY ROOM and to secure for my child the necessary medical treatment. Your signature authorizes the responsible person at the YMCA facility to have your child transported to that hospital.

Signature of Parent/Guardian Date: _____