Emergency Information - please complete all questions

of preference (1, 2, 3, and 4) the person to call. In the event of an emergency. Please complete a minimum of four individuals and indicate, in the order

Other	Other	Relative	Father	Mother	Preference Name
,					Name
					Address
	,				Phone
					Place of Employment / Phone

tive		-		
7			,	
-				
In the even to administ	t the person(er first aid o	s) noted above canno r call for emergency c	it be located, I hare for my child	In the event the person(s) noted above cannot be located, I hereby give my consent for the YMCA staff to administer first aid or call for emergency care for my child. I expect that a conscientious effort will
be made to will be resp	locate me or onsible for a	be made to locate me or the designates. I un will be responsible for any expense incurred.	derstand that t	be made to locate me or the designates. I understand that the closest paramedics will be called and I will be responsible for any expense incurred.
Health Stat	ement (Schoo	ol Age ONLY. For infa	nt through pre-	Health Statement (School Age ONLY. For infant through pre-k physical see attached document):
be kept on age. Physic	file at the YN al forms are	ላCA Early Learning Ce available in the office	enter. A yearly pand must be re	be kept on file at the YMCA Early Learning Center. A yearly physical is required for infants – 5 years of age. Physical forms are available in the office and must be returned and signed by a doctor.
Chronic Illnesses:	esses:			
Current Medications:	dications:			55
				Initial
Promotiona	Promotional Authorization:	on:		

Yes The YMCA has my permission to use photographs and video of my child(s) in YMCA promotional material No

Transportation:

I hereby give permission for my child to be transported by Newton Community School District bus or damages, demands or liabilities which may result of my child's participation in activities and bus trips to release the Newton YMCA, its officers and directors, and the YMCA Staff from any and all claims and YMCA van. I understand that only licensed and qualified personnel will operate the YMCA can. I agree Initial

No Nit Policy:

of the YMCA to call parents when their child is sick, has a fever, diarrhea, or head lice. It is also a policy children, there will always be colds, illnesses, and other health issues, such as head lice. It is the policy The YMCA strives to keep each child safe and healthy. As with any environment where there are