

YMCA of Orange County – Child Care

Emergency Information/Update Form Effective Date: _____

Today's Date Child's Last Name/First Name YMCA Center/School Birth date Gender

(The "Responsible Party" is the parent/legal guardian enrolling the child and primarily responsible for payment of fees, signing releases, authorizing individuals to sign in/out the child (on custodial days of attendance) and making any changes to the child's participation in the program.)

Responsible Party's First/Last Name Birth Date (ID Purposes) Relationship to Child Cell/Pager Number (_____) _____

Home Address City Zip Code Home Phone (_____) _____

Email Address Responsible Party's Employer Name Employer Phone Ext. (_____) _____

Other Parent's First/Last Name Birth Date (ID Purposes) Relationship to Child Child lives with? (Mom, Dad, Both, 50/50) _____

Home Address City Zip Cell Phone (_____) _____

Email Address Employer Name Employer Phone Ext. (_____) _____

EMERGENCY MEDICAL INFORMATION: (THIS INFORMATION IS REQUIRED)

Physician _____ **Phone** (_____) _____

Dentist _____ **Phone** (_____) _____

Insurance Co. _____ **Policy No.** _____

List any ALLERGIES (Food, medications, environmental, etc.) and describe the reaction: _____

MEDICAL AUTHORIZATION: As the parent, authorized representative, or legal guardian, I hereby give consent to the YMCA to provide emergency dental or medical care prescribed by a duly licensed physician (M.D.), dentist (D.D.S.) or osteopath (D.O.) for the child named above. This care may be given under whatever conditions are necessary to preserve life, limb or well being of the child named above.

Parent/Guardian Signature _____ **Date** _____

SIGN OUT AUTHORIZATION / EMERGENCY CONTACTS - The following individuals have my **unrestricted** permission to sign the above named child out from the YMCA school-age child care program and can be contacted in an emergency when I cannot be reached. Please notify Child Care Director in advance in writing if an individual not listed will be picking up your child. **(Minimum of two required)**

Name _____ Relationship to child _____ Phone (_____) _____ Phone (_____) _____

Name _____ Relationship to child _____ Phone (_____) _____ Phone (_____) _____

Name _____ Relationship to child _____ Phone (_____) _____ Phone (_____) _____

The following individuals are **restricted** from signing my child out from the program due to a court-issued restraining order **(A certified copy of the official court documentation must be kept in child's YMCA file)**.

Name: _____ Date of Court Order: _____

Name: _____ Date of Court Order: _____

This form will be retained in the child's file and is available for review by the State of California, Department of Social Services, and Community Care Licensing.

Parent/Guardian Signature _____ **Date** _____