



**Keene Family YMCA
Emergency Contact Form 2021-2022**

Child's Name: _____ DOB: _____

Home Address: _____

Parent/Guardian

Name: _____ Phone: _____

Parent/Guardian

email: _____

Emergency Contact: _____ Phone: _____

Child's Health Information:

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Allergies (i.e., foods, medicines etc.): _____

Medications taken:

Special health conditions (i.e., asthma, diabetes, etc.): _____

Medical Emergency Permission:

I hereby give permission for the KEENE FAMILY YMCA staff to give simple first aid when necessary. In the event of a more serious accident or sudden illness, the KEENE FAMILY YMCA has my permission to arrange transportation to a hospital or other medical facility to receive emergency medical treatment until I can be contacted.

Parent/Guardian

Signature: _____ Date: _____

Insurance

Co.: _____ Policy#: _____

Insurance Held

By: _____

Coach Use Only:

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