

Oshkosh Community YMCA
School Age Child Care
Emergency Information Card



Child's Name: _____ Home
Phone: _____ DOB: _____
Address: _____ City: _____ Zip: _____
Mother/Guardian Name: _____ Work/Cell Phone: _____
Father/Guardian Name: _____ Work/Cell Phone: _____

Emergency Contact Person: _____ Relationship to Child: _____
Home Phone: _____ Work/Cell Phone: _____

Child's Physician: _____ Phone Number: _____
Please list any special medical concerns or allergies:

In the event of an emergency, I authorize any medical treatment that may be needed. I understand that in the event of an emergency I will be contacted first and this waiver will only be necessary if I or my emergency contact person cannot be reached.

X _____

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