

Emergency Contact/Parental Consent Form  
Northwest Arkansas Mercy Family YMCA

Child's Name		Birthdate	/ /
Address			
Mother's Name/Legal Guardian			
Address		Home Phone Number	
		Email	
Business Name		Business Phone Number	
Address			
Father's Name/Legal Guardian			
Address		Home Phone Number	
		Email	
Business Name		Business Phone Number	
Address			
Emergency Contact Person(s)			
	Name	Phone Number	
1			
2			
3			
Person(s) To Whom Child May Be Released			
	Name	Phone Number	
1			
2			
3			
Name of Child's Physician/Medical Care Provider			
Address		Phone Number	
Special Disabilities(if any)		Allergies	
		Medications	
Medical/Dietary Information Necessary in Emergency Situation			
<b>Health Insurance Coverage for Child</b>			
Name		Policy Number	
<b>Parents Signature is Required for each item below to indicate parental consent</b>			
Obtaining Emergency Medical Care		Admin. Of Minor First Aid Procedures	
Walks and Trips		Swimming	
Transportation by the Facility		Wading	
Photo Release: Please circle if you consent with your childs photo being used for Y and public use. Yes or No			

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

