

SACC EMERGENCY CARD - YMCA OF DODGE COUNTY

Child's Name _____ M F

Birth Date _____ Allergies _____

Address _____

Father/Guardian _____ Employer _____

Home # _____ Cell # _____ Work # _____

Mother/Guardian _____ Employer _____

Home # _____ Cell # _____ Work # _____

Doctor _____ Phone _____

If you cannot be reached and your child is ill or there is a medical emergency, give the name, address and phone number of the person who we may contact or who will care for your child until you return.

Name _____ Phone # _____ Cell # _____

Address _____ Relationship _____

Name _____ Phone # _____ Cell # _____

Address _____ Relationship _____