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MSX and Meta Summer Camp 2022
Required Paperwork Checklist

Items below need to be completed and all forms are available at
https://www.mcgawymca.org/childrens-center/school-age/day-camps/
Please return all items by **April 30th** to keep your child's registration in good standing.

- ❑ Emergency Consent and Release *(must have at least 2 emergency contacts outside of the home)*
- ❑ Photo Release
- ❑ COVID-19 Waiver
- ❑ Developmental History
- ❑ Camp Handbook Acknowledgement *(Policy Handbook available at front desk or online)*
- ❑ Late Pick-Up Policy
- ❑ Independent Arrival Departure Agreement *(Optional)*
- ❑ COVID Survey Acknowledgement *(Optional but recommended for Health and Safety purposes)*
- ❑ Food Allergy Action Plan *(if your child has an allergy that requires medicine)*
- ❑ Email/Text Communication form

Summer Day Camp is a license exempt program, the facility and program is not licensed or regulated by DCFS. Each child's files must be complete before the child may attend camp. Thank you for your cooperation.

We will be offering paperwork check-ins to ensure this process is an easy one. We'll have all the forms available and the files ready to be re-signed. Just a reminder that all of our camp paperwork is also available online at the McGaw YMCA Children's Center website.

For your convenience, we are offering the following paperwork check-in times:

Friday, March 25th from 4:30 pm–6:00 pm
Tuesday, March 29th from 8:00am-9:15am
Wednesday, April 6th from 3:30 pm–5:30 pm
Monday, April 11th from 4:30 pm–6:00 pm

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McGaw YMCA Children's Center
EMERGENCY CONTACTS, CONSENT AND RELEASE FORM

PERSONAL INFORMATION Child's Classroom_____

Child's Full Name: _____ Birth Date_____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone # (____) _____

What is the primary language spoken at home? Are there any additional languages spoken?

In an emergency call first: Name: _____ Relationship: _____ Phone: _____

Parent/Guardian #1 (Relationship to Child):	Parent/Guardian #2 (Relationship to Child):
Name:	Name:
Employer:	Employer:
Dept/Position:	Dept/Position:
Work Phone:	Work Phone:
School: Hours:	School: Hours:
Cell Phone:	Cell Phone:
Email:	Email:

Other Family Members:_____

Is there a court order that limits either parent from visiting this child or from removing him/her from the Center? Please Note: The Children's Center cannot limit parent's access to their children without a notarized court order, which must be attached to this form and kept at the Center. ☐YES ☐NO

Health care/ Insurance child is under _____

Policy Holder Name _____

Child's Physician: _____ Phone # _____

Child's Dentist _____ Phone # _____

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EMERGENCY CONTACTS, CONSENT & RELEASE

Please list names, addresses, relationship and phone numbers of any persons you would like to have on your permanent list, who have your consent for the Center to release your child from our care into their custody. These people may also be called in emergencies, if the Center is not able to contact the legal guardians or caregivers or adults, residing in the household at the numbers given previously:

Please list the name and relationship of other adults living in your household (grandparent, nanny, etc.):

Name _____ Relationship _____ Phone # _____

_____ _____ _____

You must completely fill out at least TWO Emergency Contacts and Authorized Pick Ups who do not live in your household. Anyone listed must have complete contact information.

Required Contacts

1. Name _____ Relationship _____

Address _____City_____ State _____Zip_____

Cell Phone _____ Work Phone _____Birth Date_____

2. Name _____ Relationship _____

Address _____City_____ State _____Zip_____

Cell Phone _____ Work Phone _____Birth Date_____

Additional Contacts

3. Name _____ Relationship _____

Address _____City_____ State _____Zip_____

Cell Phone _____ Work Phone _____Birth Date_____

4. Name _____ Relationship _____

Address _____City_____ State _____Zip_____

Cell Phone _____ Work Phone _____Birth Date_____

I authorize the McGaw YMCA Child Care Center to release my child to the person(s) listed above to act on my behalf in an emergency in the event that I cannot be reached. These persons will show staff proper identification with matching addresses before my child will be released. It is my responsibility to keep all information current.

_____ _____

Parent/Legal Guardian Signature Date

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MEDICAL CONSENT

I, the parent/legal guardian of _____ give consent to have my child receive first aid by Center staff. I understand that the center staff receives training in the basics of first aid and CPR. I authorize the McGaw YMCA Child Care Center to secure emergency medical treatment for my child. I give consent for those listed as pick-up and emergency contacts to act on my behalf until I am available. I accept responsibility for any and all expenses incurred in securing emergency medical treatment for my child.

I authorize the McGaw YMCA Child Care Center, and its staff and agents, to administer medication (over the counter and prescribed) to my child as specified in the physician's written instructions or instructions on packaging. The McGaw YMCA Child Care Center has my permission to apply any topical ointment, such as diaper ointment, sunscreen, lip balm, lotion, insect repellent, etc.

Parent/Legal Guardian
Signature _____ Date _____

CONSENT FORMS: Initial & sign in the spaces below to indicate your acknowledgement and acceptance of the outlined terms and conditions.

_____I authorize the McGaw YMCA Children's Center, its staff, and agents, to take my child on walking trips, excursions, and field trips. I also give permission for my child to be transported in a school bus contracted by McGaw YMCA, or as a passenger in any vehicle owned or leased by the McGaw YMCA. I am responsible for communicating with the McGaw YMCA Children's Center before the designated time if my child will not attend that day.

_____I give permission for my child to participate in physical activities such as gym and swimming. I understand that physical activities are a regular part of the program my child attends.

_____I have read the Parent Handbook and agree to abide by the policies and regulations therein including the Guidance and Discipline policies. The Parent Handbook is located online and in your child's classroom.

_____I authorize the McGaw YMCA Children's Center to send electronic information through the email and cell phone provided.

Parent/Legal Guardian
Signature _____ Today's Date _____

Each year your child attends our programs; the information on this form must be reviewed for accuracy.

Signature lines provided below are designated for annual reviews of this form.

I have reviewed the information on this form and verify all information is still accurate:

_____ _____
Parent/Legal Guardian Signature Updated Date

_____ _____
Parent/Legal Guardian Signature Updated Date

_____ _____
Parent/Legal Guardian Signature Updated Date

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School Age Developmental History

In an effort to help us know and understand your child, we ask that you complete this form. It is important that you answer all of the questions. Staff that will be working directly with your child will be reviewing this information.

Child's Full Name_____ Nickname_____

Date of Birth_____ Age_____ Grade in the Fall _____ School in the Fall_____

Child resides with: ☐ Both parents ☐ Mother ☐ Father ☐ Other _____

Family members in household:_____

My child identifies as (optional):

☐ Male ☐ Female ☐ Other

Child's Development and Personality

What are your child's favorite activities?

Please describe your child's temperament, personality, needs, abilities, etc.

What are your child's strengths and challenges?

How does your child handle transitions from one activity/place to another? What have you found that works to ease these transitions?

Describe your child's ability to create and sustain relationships with adults and children.

How does your child show emotions of anger, being scared, tense, or uncomfortable? How do you comfort him/her in these instances?

In general, how do you handle discipline?

Do you have any suggestions for our staff, which may help your child be successful?

Are there any home factors that might help us better support your child?

Consider changes such as recent move, births, illnesses, divorce, separation, or any unusual circumstances.

Medical History

Does your child have Asthma or another chronic condition? ☐ Yes ☐ No If YES, please explain and give any pertinent information.

Does he/she have any allergies or sensitivities? ☐ Yes ☐ No If YES, please explain and give any pertinent information

Does your child have any food allergies? ☐ Yes ☐ No If exposed, what does the reaction look like?

Does your child take any medications regularly? ☐ Yes ☐ No

If YES, please list medications. To administer, we must have a signed medical consent forms and doctor's prescription. For more information, please read information regarding medications in the Parent Handbook.

Does your child wear any appliances? (glasses, contacts, mouth guard, etc.)

Does your child have fair skin or burn easily? Please include any special notes regarding sunscreen/bug spray application.

Experiences

What water or swimming experiences does your child have? For example: beach, pool, lake, water park

Please check your child's swimming ability:

☐ NON-SWIMMER (my child cannot swim)
☐ SOME SWIMMING ABILITIES (my child can swim, but is not advanced)
☐ ADVANCED SWIMMER (my child is a proficient swimmer)

How comfortable is your child in the water?

What do you want your child to gain from his or her experience in the School Age program?
Please circle all that apply

☐ Make new friends
☐ Gain a sense of belonging
☐ Higher self-esteem
☐ Opportunity for creativity
☐ Good adult role models
☐ Become less shy
☐ A structured homework time
☐ Experience new things
☐ Become more outgoing
☐ Learn the core values of the YMCA, caring, honesty, respect & responsibility.
☐ Learn new skills
☐ Learn to swim
☐ Have a lot of fun
☐ Learn to get along better with other children
☐ Other_____

If you have any other information that you would like to share with us about your child, please feel free to use this space or attach additional documents.

I have reviewed the information on this form and verify all information is accurate:

_____ _____
Parent/Legal Guardian Signature Date

_____ _____
Parent/Legal Guardian Signature Updated Date

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PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;
- YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

_____

I am the Mother/Father/Legal Guardian of (_____).

☐ For the consideration contained herein, I hereby CONSENT to the foregoing on behalf of my minor child.

☐ For the consideration contained herein, I hereby DO NOT consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Parent/Guardian Printed Name: _____

Date: _____

YMCA OF THE USA
101 N Wacker Drive, Chicago IL 60606
P 800 872 9622 **F** 312 977 9063 ymca.net

ADULT PARTICIPANT WAIVER, RELEASE AND ACKNOWLEDGEMENT

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. McGaw YMCA has put in place preventative measures to reduce the spread of COVID-19; however, **McGaw YMCA cannot guarantee that you will not become infected with COVID-19**. Further, participation could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING

By signing this agreement, **I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death**. I understand that the risk of becoming exposed to or infected by COVID-19 at McGaw YMCA may result from the actions, omissions, or negligence of myself and others, including, but not limited to, McGaw's employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at McGaw YMCA. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless McGaw YMCA, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of McGaw YMCA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at McGaw YMCA.

I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

In the event that I file a lawsuit, I agree to do so in the state where McGaw YMCA is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

If I have signed a separate general waiver of liability connected to my participation at McGaw YMCA I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

Signature_____Print Name_____

Address_____City_____ State____

Zip _____Telephone (_____)_____Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)

In consideration of_____(PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releases from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian_____Print Name_____Date_____

Late Pick-up Policy

Parents of participants enrolled in **Children's Center Programs** will be charged **$1.00 per minute / family** based on the **program pick-up times** listed below:

- **Full Day, School's Out, School's Out Foster, Summer Day Camp - 6:00pm**
- **Summer Learning Program – 6:00pm**

- If you know you are going to be late please notify the center so we can let your child and the teachers know. **Late fee will still be charged.**
- If a parent or authorized pick-up person does not arrive or call by 5 minutes past the designated pick-up up time, staff will assume an emergency exists and will begin to call emergency contacts for your child.
- If no emergency contact can be reached within 1-hour past designated pick-up time, staff may contact the Evanston Police Department who will pick up the child.
- **Late fees must be paid within 5 business days of the late pick up date.**
- Failure to pay late pick-up fees can be cause for the child's suspension or termination from the program.
- Continued disregard for the pick-up times can result in suspension or termination form the program.

It is very important to have updated contact information in your child's file at all times. Any child who is not picked up will be under the supervision of an assigned teacher/administrator until the parent, emergency contact, or the authorities arrive. All information about the incident will be discussed directly with the parent or guardian and never with the child.

Child(ren)'s Name(s): _____

Parent/Guardian Signature: _____ Date: _____

Update Signature: _____ Date: _____

Update Signature: _____ Date: _____

McGaw YMCA Children's Center
Parent Signature Page

I have received and read the 2022 McGaw YMCA Children's Center Summer Day Camp Parent Handbook and agree to the policies and procedures set forth within. **You can find the electronic version of the Camp Handbook on our website at https://www.mcgawymca.org/childrens-center/school-age/day-camps/

Child's name (please print) _____

Parent's name (please print) _____

Signature _____

Date _____

Please return with camp enrollment paperwork prior to the start of camp.

MCGAW YMCA

Independent Departure Agreement

Student's Name:_____ Program: _____ Site: _____

All youth must be signed in and out by a parent/guardian daily. Independent arrivals and departures are an exception to our sign in/out policy made only for youth 14 years old, or older. Once a participant has departed from his or her program, the McGaw YMCA is no longer responsible for their care or supervision. We encourage families to establish a communication plan with their child that supports independence while also establishing accountability and safe practices.

Departure from the McGaw YMCA Program

Time we can expect your child to arrive/leave: _____

Days of the week this permission is granted: _____

My child has permission to:

- ☐ Walk
- ☐ Take public transportation
- ☐ Ride bicycle
- ☐ Leave with a sibling or other family member who is 14 years old, or older

Name of person authorized to pick up camper/participant _____

Authorized person's phone number (s) _____

To/from the McGaw YMCA Program Site to/from _____ (location) and can sign himself/herself in/out of the program.

*Parents/Guardians are responsible for completing a revised agreement should there be any changes to this plan. The McGaw YMCA is not responsible for children once they have signed out of our programs.

I have read the above stated policies and grant the McGaw YMCA staff to release my child on the days/times listed above. I understand that it is my responsibility to provide staff with updated information in writing should our family's plans change and that YMCA staff will adhere to the most recent independent departure agreement on file.

_____ _____

Parent/Guardian Signature Student Signature

_____ _____

Director/Manager Signature Date

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McGaw YMCA Children's Center Proof of COVID Vaccination Upload

https://www.surveymonkey.com/r/uploadvaccinecard

Copy and paste, or click, the link above to your browser.
Please complete the questions and upload your child's vaccine card only after your child has taken their final COVID vaccine dose.

The vaccine upload agreements are as followed:

- You consent to share your child's COVID vaccine information with the YMCA.
- You understand that this information will be added to your child's current medical information on file with the McGaw YMCA policies and procedures. You also understand that this information may be shared with the Evanston Health Department if your child is deemed a close contact to a positive COVID case in order to determine guidance for next steps.
- You certify that the information is true and correct.

Please contact the Children's Center at 847.475.8580 if you have any questions or concerns.

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TEXT & EMAIL COMMUNICATION

Summer 2022

We will do our best to provide you and your family up to date and accurate communications through our text & email distribution systems. In order to provide this information please make sure that we have your accurate email in our system. The contact information you provide will also be used by administration to get in touch with you if necessary.

PLEASE PRINT CLEARLY:

Child's Name: _____ Class: _____

Child's Name:_____ Class: _____

Child's Name:_____ Class: _____

Parent/Guardian #1: _____

Email Address: _____

Cell/Text: _____ Cell Phone Carrier: _____

Parent/Guardian #2:_____

Email Address: _____

Cell/Text: _____ Cell Phone Carrier: _____

Please EMAIL communications to:

- ☐ Parent #1
- ☐ Parent #2

Please TEXT communications to:

- ☐ Parent #1
- ☐ Parent #2

The MAIN CONTACT in our computer system for my family should be:

- ◯ Parent #1
- ◯ Parent #2

Please make sure to keep all of your information accurate with the Site Coordinator.

Food Allergy Action Plan

Name: _____ **D.O.B.:** ___/___/___

Allergy to: _____

Weight: _____ lbs. **Asthma:** ☐ Yes (higher risk for a severe reaction) ☐ No

Place Student's Picture Here

Extremely reactive to the following foods: _____

THEREFORE:

☐ If checked, give epinephrine immediately for ANY symptoms if the allergen was *likely* eaten.

☐ If checked, give epinephrine immediately if the allergen was *definitely* eaten, even if no symptoms are noted.

Any SEVERE SYMPTOMS after suspected or known ingestion:

One or more of the following:

LUNG:	Short of breath, wheeze, repetitive cough
HEART:	Pale, blue, faint, weak pulse, dizzy, confused
THROAT:	Tight, hoarse, trouble breathing/swallowing
MOUTH:	Obstructive swelling (tongue and/or lips)
SKIN:	Many hives over body

Or **combination** of symptoms from different body areas:

SKIN:	Hives, itchy rashes, swelling (e.g., eyes, lips)
GUT:	Vomiting, crampy pain

1. **INJECT EPINEPHRINE IMMEDIATELY**
2. Call 911
3. Begin monitoring (see box below)
4. Give additional medications:*
   -Antihistamine
   -Inhaler (bronchodilator) if asthma

*Antihistamines & inhalers/bronchodilators are not to be depended upon to treat a severe reaction (anaphylaxis). USE EPINEPHRINE.

MILD SYMPTOMS ONLY:

MOUTH:	Itchy mouth
SKIN:	A few hives around mouth/face, mild itch
GUT:	Mild nausea/discomfort

1. **GIVE ANTIHISTAMINE**
2. Stay with student; alert healthcare professionals and parent
3. If symptoms progress (see above), USE EPINEPHRINE
4. Begin monitoring (see box below)

Medications/Doses

Epinephrine (brand and dose): _____

Antihistamine (brand and dose): _____

Other (e.g., inhaler-bronchodilator if asthmatic): _____

Monitoring

Stay with student; alert healthcare professionals and parent. Tell rescue squad epinephrine was given; request an ambulance with epinephrine. Note time when epinephrine was administered. A second dose of epinephrine can be given 5 minutes or more after the first if symptoms persist or recur. For a severe reaction, consider keeping student lying on back with legs raised. Treat student even if parents cannot be reached. See back/attached for auto-injection technique.

_____ _____ _____ _____

Parent/Guardian Signature **Date** **Physician/Healthcare Provider Signature** **Date**

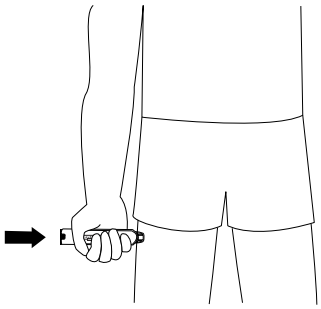
TURN FORM OVER

Form provided courtesy of FAAN (www.foodallergy.org) 7/2010

EPIPEN Auto-Injector and EPIPEN Jr Auto-Injector Directions

- First, remove the EPIPEN Auto-Injector from the plastic carrying case
- Pull off the blue safety release cap

- Hold orange tip near outer thigh (always apply to thigh)



- Swing and firmly push orange tip against outer thigh. Hold on thigh for approximately 10 seconds. Remove the EPIPEN Auto-Injector and massage the area for 10 more seconds

EPIPEN 2-PAK® | EPIPEN Jr 2-PAK®
(Epinephrine) Auto-Injectors 0.3/0.15mg

DEY™ and the Dey logo, EpiPen®, EpiPen 2-Pak®, and EpiPen Jr 2-Pak® are registered trademarks of Dey Pharma, L.P.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions

Remove caps labeled "1" and "2."

Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

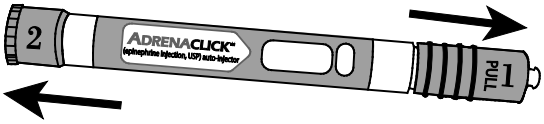
<u>SECOND DOSE ADMINISTRATION</u>: If symptoms don't improve after 10 minutes, administer second dose:

Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.

Slide yellow collar off plunger.

Put needle into thigh through skin, push plunger down all the way, and remove.

Adrenaclick™ 0.3 mg and Adrenaclick™ 0.15 mg Directions



Remove GREY caps labeled "1" and "2."

Place RED rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.

A food allergy response kit should contain at least two doses of epinephrine, other medications as noted by the student's physician, and a copy of this Food Allergy Action Plan.

A kit must accompany the student if he/she is off school grounds (i.e., field trip).

Contacts

Call 911 (Rescue squad: (___)_____-_____) Doctor:_____ Phone: (___)_____-_____

Parent/Guardian:_____ Phone: (___)_____-_____

Other Emergency Contacts

Name/Relationship: _____ Phone: (___)_____-_____

Name/Relationship: _____ Phone: (___)_____-_____