

Vehicle Emergency Medical Information

(Please fill out this form completely)

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work/Cell Phone _____

Mother's Name _____

Home Phone _____ Work/Cell Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if the Bell Family YMCA cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Date _____

Transportation Agreement

This is to certify that I give **The Bell Family YMCA**
Name of Facility

Permission to transport my child _____
Name of Child

From _____ at _____ Circle one: **South Hart: 2:50pm**
Pickup Location/School **Hartwell Elementary 3:05pm**
North Hart 3:15pm
HCMS 3:30pm

To **Bell Family YMCA/Pool Side** at **3:45pm**

My child will be transported from _____ at _____ (pm) (above)
Pickup Location/school

To **The Bell Family YMCA/Pool Side** at **3:45pm**
Delivery Location

On the following days: (check all that apply)

____ Monday, ____ Tuesday, ____ Wednesday, ____ Thursday, ____ Friday

The Bell Family YMCA _____ is authorized to receive my child.
Name of Authorized Person

In the event the authorized person is not present to receive my child, the following procedures are to be followed:

The YMCA will need to be contacted as to why they are not present, other transportation will be provided by the YMCA if needed or parents will be contacted.

The _____ is approximately _____ miles from the center.
Pick up Location/ School

In the event that my child is not to be transported as outlined above, I agree to notify **The Bell Family YMCA.**
Facility

Signature (Parent/Guardian) _____ Date _____

