



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CHILD WATCH EMERGENCY CONTACT

Child's Name: _____ DOB: __/__/__

Allergies/Medical Concerns: _____

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Child's Name: _____ DOB: __/__/__

Allergies/Medical Concerns: _____

Child's Name: _____ DOB: __/__/__

Allergies/Medical Concerns: _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Relationship to Child: _____

Waiver and Release of Liability:

I give my permission and/or consent to the personnel of the YMCA Child Watch Service, 205 Maritime Dr., Manitowoc, to secure and authorize such emergency medical care and/or treatment as my child might require while under the supervision of the said Child Watch staff. I also agree to pay all the costs and fees contingent of any medical care and/or treatment for my child as secured or authorized under this consent. Every effort will be made to notify parents/guardians immediately in case of an emergency.

Parent/Guardian Signature: _____

Date: _____