



# Birthday Party Emergency Form

## MADISON AREA YMCA

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### 1. Basic Information

CHILD'S NAME \_\_\_\_\_ / / \_\_\_\_\_ M  F   
Date of Birth Gender

Parent or Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_ Best Phone Number \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_ Best Phone Number \_\_\_\_\_

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### 2. Health Information

Known Allergies: \_\_\_\_\_

Does your child require an Epi-Pen? Y  N

Known Medical Conditions: \_\_\_\_\_

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### 3. Emergency Contact Information (in addition to parent/guardian)

Parents and Guardians listed above will ALWAYS be notified first.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

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### 4. Medical Release

My child has permission to participate in all activities at the Madison Area YMCA's Drop and Go program. I have reported all known allergies and medical conditions to the Y and, to the best of my knowledge, my child is fit to and may participate in the Drop and Go program. I give permission for the Madison Area YMCA and its staff to care for and treat minor injuries, and to secure emergency transportation and treatment for my child at the closest emergency medical facility.

X SIGN HERE

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Participant or Parent/Guardian Signature (if participant is a minor)

Date