

# Snow Day Emergency Information

Name of Child _____		DOB(MM/DD/YY) _____	
Address _____		Phone _____	
Street	Town/State	Zip	
Parent/Guardian _____		Phone _____	
	Home	Work	Cell
Work Address _____			
Name of business	Street	Town/State	Zip
<p>If I wish my child not to be photographed for YMCA publicity purposes, I understand that I must submit a do not photo request, in writing, to the YMCA prior to my child's first day at Vacation Fun Club. I give my child permission to participate in all swimming related activities and to take part in any scheduled field trips.</p>			
<b>X Signature</b> _____		Date _____	

## Authorization For Medical Treatment of Minors

If your child needs medical, dental, health or hospitalization services, under the law, you as a parent must give permission. Naturally, if you are with your child you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filling out this authorization form. Using this form, you can give permission to other adults to act for you, in your absence, regarding the treatment of your child. This is a legal document. After you complete this form give a copy to each adult you have named to act in your behalf. If your child needs unexpected medical treatment, the responsible adult should present this document to the appropriate person - physician, dentist, or hospital representative. When a true emergency exists a child may be treated without parental consent. This will happen when a physician determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase risk to the child's life or health.

Known Allergies _____	Special Conditions _____
Medications now taking _____	
Insurance Company or _____	
Government Program _____	
ID or Contract # _____	
Physician Name _____	
Address _____	Phone _____
<p>I, being the parent of custody or legal guardian of the minor named above, do hereby appoint:  <b>GLENS FALLS FAMILY YMCA</b>  <b>600 GLEN STREET, GLENS FALLS, NY 12801</b>          To act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the minor named in my absence.</p>	
<b>X Signature</b> _____	
Date _____	
Signature of Witness _____	
Date _____	Address _____
<small>(Cannot be witnessed by YMCA employee.)</small>	

# Pick-Up Authorization & Emergency Contacts

Child's Name \_\_\_\_\_

## Parent/Guardian A

**Photo ID required**

Name _____	
Work/Daytime Address _____	
Home # _____	Cell # _____
Work # _____	

## Parent/Guardian B

**Photo ID required**

Name _____	
Work/Daytime Address _____	
Home # _____	Cell # _____
Work # _____	

## Other Emergency Contacts

**Photo ID required**

Name _____	
Relationship to child _____	
Home # _____	Work # _____
Cell # _____	

Name _____	
Relationship to child _____	
Home # _____	Work # _____
Cell # _____	

Name _____	
Relationship to child _____	
Home # _____	Work # _____
Cell # _____	