

Date

Parent/Guardian Signature

email us at [communications@ymcaneo.ca](mailto:communications@ymcaneo.ca).  
<https://www.ymcaneo.ca/about-us/>. If you have a question or concern regarding your privacy, please visit  
YMCA of Northeastern Ontario is used to support our work. To view our privacy policy, please visit  
Ontario is committed to protecting your right to privacy. The personal information you share with the  
**Privacy Statement:** As a charitable, community-based organization, the YMCA of Northeastern  
your child(ren).

Northwestern Ontario programs and/or activities. You may purchase optional personal insurance for  
myself or my child arising out of or connected with the preparation for, or participation in YMCA of  
damages of any kind concerning to injury, loss or damages to any person or property including  
damages to myself or my child, and from all other actions, causes of action, claims, demands, or  
successors and assigns, from all liability for damages sustained in consequences of loss, injury or  
Northwestern Ontario, and its respective officer, director, employees, volunteers and agents, and their  
with any physical activity, there is a potential for risk or injury. I do hereby release the YMCA of  
Northwestern Ontario's Child Care Services, my child will be involved in physical activities and that  
to minimize exposure to known risks, I understand that in registering my child with the YMCA of  
**Limitation of Liability:** While YMCA of Northeastern Ontario staff will make every reasonable effort  
costs or injury arising out of an emergency.  
anaesthesia and/or surgery. I agree not to hold the YMCA of Northeastern Ontario responsible for any  
admission to an emergency unit, hospital and treatment therein, ordering of X-rays, test, injections,  
necessary by the attending medical professional(s) and authorize on my behalf all procedures, including  
permission to the YMCA of Northeastern Ontario to secure proper medical treatment, as deemed  
immediate contact by the YMCA with a parent/guardian cannot be made, I authorize and grant  
In the event of an accident, injury, illness or other emergency situation involving my child, and an

Doctors Address:

Doctors Name:

Phone Number:

Doctors Address:

Doctors Name:

Phone Number:

### Medical Emergency Authorization/Consents



## EMERGENCY CARD

(Please print clearly)

Start Date: \_\_\_\_\_

Room: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Date of Birth: (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Child's Address: \_\_\_\_\_

School Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Emergency Parent** Name: \_\_\_\_\_

**/Guardian Contact** Phone Number: \_\_\_\_\_

### Medical Information:

**Medical Conditions?**  NO  YES, please indicate condition, symptoms and/or reaction(s):

**Allergies?**  NO  YES, please indicate allergy and reaction(s):  EPI Pen  Puffer

**Custody Documentation on File?**  NO  YES, please note that we can only enforce  
custodial directions if we have a legally binding document on file.

**Parent/Guardian 1**

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

*(only if different than child)* \_\_\_\_\_**Daytime Contact Information:**

Place of \_\_\_\_\_

Business/School: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**Parent/Guardian 2**

Full Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: *(only* \_\_\_\_\_*if different than child)* \_\_\_\_\_**Daytime Contact Information:**

Place of \_\_\_\_\_

Business/School: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

**Emergency Contacts & Authorized Pick-Up Information:** *(other than above)***Authorized Person #1:**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**Authorized Person #2:**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**Authorized Person #3:**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other: \_\_\_\_\_

**For office use only:** The following sign-offs have been authorized:

- Sunscreen     Insect Repellent    Photo Permission:     YES  NO  
 "Look See"     Activities Off-Site    Media Permission:     YES  NO  
 ASQ     Inclusion Support Program or Other Community Support Programs

Care Approved: \_\_\_\_\_ Program/Provider: \_\_\_\_\_