



Lake Metroparks Youth Volunteer Emergency Information Form

EMERGENCY CARD PLEASE FILL OUT COMPLETELY

Childs Name: _____ **Birth date:** _____

Address: _____ **Phone:** _____

Father: _____ **Phone:** _____

Address: _____ **City/State:** _____

Place of Employment: _____ **Phone:** _____

Mother: _____ **Phone:** _____

Address: _____ **City/State:** _____

Place of Employment: _____ **Phone:** _____

Dentist: _____ **Phone:** _____

Address: _____ **City/State:** _____

Has your child ever been stung by bee, wasp, ect.? _____ More than once? _____ What was their reaction? _____

Are there any recent operations, physical handicaps, allergies, or any other conditions that programmers should be aware of? _____

Two other available local persons to notify if unable to reach parents.

Name: _____ **Phone:** _____

Address: _____ **City/State:** _____

Name: _____ **Phone:** _____

Address: _____ **City/State:** _____

Doctor: _____ **Phone:** _____

Address: _____ **City/State:** _____

Current Medication: _____

Preferred Hospital: _____

In case of emergency treatment being necessary, can the program officials use their own judgment in sending the enrollee to the hospital or the doctor most quickly available before you are contacted. _____ YES _____ NO

Parent (s) Signature: _____ **Date:** _____

Guardian _____ **Date:** _____

_____ **Date:** _____