



**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:** \_\_\_\_\_

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**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:** \_\_\_\_\_