



## FIELD TRIP INFORMATION FORM

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

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Mother's Name \_\_\_\_\_

Business Phone \_\_\_\_\_  
(Cell phone, etc.)

Father's Name \_\_\_\_\_

Business Phone \_\_\_\_\_  
(Cell phone, etc.)

Child's Physician \_\_\_\_\_

Business Phone \_\_\_\_\_

List any allergies or intolerance to food, medication, etc.

\_\_\_\_\_

In case of EMERGENCY what steps do you authorize the YMCA staff to take?

\_\_\_\_\_

### EMERGENCY CONTACTS (MUST HAVE 2)

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation to child \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_