2021-2022 Holly Pond School and Holly Care Emergency Form

Please print clearly. One form is required for each child. Complete in full and sign.

Child's Name	DOB	Sex	Start Date

Street Address	City	State	Zip

Parent/Guardian 1 (authorized pick up)	Parent/Guardian 2 (authorized pick up)
Cell Phone	Cell Phone
Work Phone	Work Phone
Mothers Employer and Address	Father's Employer and Address
Parent/Guardian DOB	Parent/ Guardian DOB
Parent/ Guardian 1 Email (Print clearly)	Parent/ Guardian 1 Email (Print clearly)
Parental Custody/ Special Arrangements (please list here)	

Do not list a parent who does not have permission to pick up the above-named child.

ADDITIONAL AUTHORIZED PICKUP AND EMERGENCY CONTACTS

Please list the name and telephone number 0f Two(2) persons, other than the parents, who have permission to pick up your child and may be called in the parents' absence or in an emergency situation**. THIS SECTION MUST BE COMPLETED TO ENSURE YOUR CHILD'S SAFETY. Only those names mentioned below will be permitted to pick up and transport your child.** If other arrangements have been made for pick-up a note must be sent in with your child and submitted to either the Director or your child's teacher.

Name	Relationship	Cell #	Home/Work #
Address	City/State	DOB	Email
Name	Relationship	Cell #	Home/Work #
Address	City/State	DOB	Email

Does your child have:		Asthma		Diabetes		Seizure		Other
Is your child allergic to		Food		Bees		Medication		Other

If you checked any of the above, please explain:

Will your child require medication at School? ( ) Yes ( ) No
If yes, please see the **Administration of Medication Form**. **No medication can be administered without this form.**

GENERAL PERMISSION AGREEMENT

In signing this agreement, you are giving permission and agreeing to the following:

1. By enrolling my child in the Darien YMCA program, I grant permission for him/her to participate in all the activities of the program, except where medical restrictions apply.

2. The Darien YMCA will not assume responsibility for a child until the staff member has acquired supervision of your child at the Darien YMCA program facility.

3. I grant permission for my child to leave the Darien YMCA facility with adequate supervision of a staff member and/or parent volunteers for field trips.

4. I hereby give permission for my child to walk with the classroom teachers or substitute teachers from Holly Pond School to other areas of the Darien YMCA building (for example, Locker Rooms, Swimming Pool Area, Gymnastics Center and the Lobby Area as well as adjacent grounds of the Darien YMCA (for example, outdoor areas other than the Playground). I understand that this can be used as general permission for travel in and around the building as indicated by the classes' routine schedules and by their daily calendar activities.

5. I grant permission for any photographs of my child, connected with the Darien YMCA programs, to be used for program publicity.

6. I hereby grant permission for the staff to take whatever steps necessary to obtain immediate medical care for my child if warranted. These steps may include the following: (1) To administer First Aid; (2) to contact parent/ guardian or person listed as emergency contact. If the parent or emergency contact cannot be contacted, we will contact the child's physician. If the child's physician is not available, we will contact our consulting physician. If necessary, Post 53 of Darien will be called to transport the child to an emergency medical center.

Parent Signature _____

Date_____