



**CHILD WATCH PARTICIPANT
INFORMATION SHEET**
Date Completed: _____

1. **Child's Name:** _____ **M/F**

Date of Birth: ___/___/_____

2. **Child's Name:** _____ **M/F**

Date of Birth: ___/___/_____

3. **Child's Name:** _____ **M/F**

Date of Birth: ___/___/_____

Please list below if there are any allergies for each child and if they carry an "epi pen":

1. **Parent/Guardian Name:** _____

Cell #: _____

Relationship to Child: _____

Address _____

City _____ State _____ Zip _____

Email _____

2. **Parent/Guardian Name:** _____

Cell #: _____

Relationship to Child: _____

Address _____

City _____ State _____ Zip _____

Email _____

Additional Adult User on Account (Babysitter, Au Pair, Nannie, Grandparent, if on your family's membership, they may pick-up your child from Child Watch as well)

Name: _____

Cell #: _____

Relationship to Child: _____

Address _____

City _____ State _____ Zip _____

Email _____

In Case of Emergency, someone other than yourself may pick up your child, please list below who has permission to pick up your child. (ID is required upon pickup):

Name: _____ Relationship: _____ Phone #: _____

I authorize the Riverbrook Regional YMCA to administer First Aid by trained staff and obtain emergency medical treatment for my child. I understand the Wilton Ambulance Corp will be contacted and may transport my child to an area hospital if necessary. I accept responsibility for all fees incurred in the care and transportation of my child.

Parent/Guardian's Signature

Date:

Statement of Understanding

I understand that the information provided on this Emergency Contact Form will be reviewed annually by the Early Childhood & School Age Development Office and an updated form may be required annually. I also understand that should any of my child's medical history changed, (I.E. a new allergy), I will update the Child Watch personnel at that time of change.

I acknowledge that I may be contacted by a Child Watch Staff member should my child need to be picked up early or in the event that they are not picked up within the 90 minute time limit.

Parent Name:

Parent/Guardian's Signature

Date: _____