



TODAY'S DATE: _____

YMCA of Boulder Valley EMERGENCY CONTACT INFORMATION

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

IN AN EMERGENCY, CONTACT:

1ST CALL

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relation to you: _____

2ND CALL

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Relation to you: _____

MY DOCTOR'S NAME: _____

Clinic, Hospital, and/or phone number where s/he can be reached: _____

I ___ do not ___ do have insurance. Plan name: _____

MEDICAL ALERT:

Please list any other information we should know in an emergency or write NONE.

ALLERGIES: _____

SPECIAL CONDITIONS: _____
