



## Emergency Contact Information and Medical Form

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Medical Information

#### Please Check:

- Allergies
  - Peanuts
  - Wheat or Other (Please Explain)  
\_\_\_\_\_
  - Epi Pen (To be kept @ the Youth Center)
  - Inhaler (To be kept @ the Youth Center)

What happens when an attack occurs and how do you handle it?

---

---

---

- Asthma
- Aide for Special Needs
  - Name of the aide that will be attending with your child \_\_\_\_\_  
\_\_\_\_\_
- I will be dropping off an EPI Pen or an Inhaler to be held at the VYC in case an incident occurs
- Special Diet of any kind \_\_\_\_\_
- No Peanuts are served at the Valley Youth Center.**

**PLEASE PRINT CLEARLY:**

## Alternative Emergency Contacts

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

\_\_\_\_\_  
(Cell Phone)

\_\_\_\_\_  
(Work Phone)

Email: \_\_\_\_\_

.....

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

\_\_\_\_\_  
(Cell Phone)

\_\_\_\_\_  
(Work Phone)

Email: \_\_\_\_\_

.....

Alternative Person to be notified: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

.....

2<sup>nd</sup> Alternative Person to be notified: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

.....

**Please list the above names in the order you would like them contacted:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

PLEASE FILL OUT AND RETURN TO YOUR STUDENT'S TEACHER OR MAIL BACK TO:  
Valley Youth Center, P.O. Box 704, Bryn Athyn, PA 19009 (THIS FORM MUST BE COMPLETED  
ASAP). This is for your child's safety. No child will be admitted to the VYC without this form.