



Emergency Contact Information and Medical Form

Student's Name: _____ Grade: _____

Address: _____

Home Phone: _____ Date of Birth: _____

Medical Information

Please Check:

- Allergies
 - Peanuts
 - Wheat or Other (Please Explain)

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 _____

***For Your Information:**

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: _____

.....

2nd 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)