

Youth Safety Information Form

Emergency contact names:

Emergency contact phone numbers:

Youth Medical conditions:

Youth Allergies:

Contact information of Person(s) with Permission to Pick up Youth other than Parent/Guardian:

Name: _____

Relationship: _____

Phone: (____) _____ (cell/work/home/beeper)

Phone2: (____) _____ (cell/work/home/beeper)

Name: _____

Relationship: _____

Phone: (____) _____ (cell/work/home/beeper)

Phone2: (____) _____ (cell/work/home/beeper)

Name: _____

Relationship: _____

Phone: (____) _____ (cell/work/home/beeper)

Phone2: (____) _____ (cell/work/home/beeper)