

Emergency Contact Information

Emergency Contacts for _____
(event name) (event date)

1. Name _____ 2. Name _____

Phone _____ Phone _____

Medical Information:

Allergies

Medications being taken

Physical or other limitations

In the event of an emergency I, _____, give permission
(print name of parent/guardian)
to the Allegheny County Department of Human Services to seek medical
attention for my child, _____, from the hospital closest
(print name of youth)
to the event. I also give permission to leave the child in the care of an
emergency contact person named above, if necessary.

Note *Youth under the age of 18 years will not be permitted to attend any field trip/event with SITY without prior written permission of the parent/guardian.

Signature of Parent/Guardian

Date

