



DAYS YMCA Swim Team - Emergency Medical Form

STUDENT NAME : _____

BIRTH DATE : _____ SCHOOL : _____

Complete either Part I CONSENT or Part II REFUSAL TO CONSENT

PART I - TO GRANT CONSENT

To enable parents and guardians to authorize emergency treatment for children who become ill or injured while under YMCA authority and parents and guardians cannot be reached.

Parent/Guardian Name: _____

Home Address: _____

Place of Employment: _____

First number to call: _____ Alternative Number to call: _____

Physicians Name: _____ Physicians Phone Number: _____

Dentist Name: _____ Dentist Phone Number: _____

Allergies/Medications: _____ Preferred Hospital/Clinic: _____

Past Medical History: Conditions/Diseases/Surgeries/Other Pertinent Info _____

Insurance Company Name: _____

Insurance Company Address: _____

Policy Number: _____ Group Number: _____

Is there anyone we CANNOT release your child to? _____

In the event that reasonable attempts to contact me at the phone numbers listed have been unsuccessful, I hereby give consent for:

- 1. The administration of any treatment deemed necessary by my preferred physician or dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist.**
- 2. The transfer of the child to my preferred hospital/clinic or any reasonable hospital/clinic.**

Parent Signature: _____ **Date:** _____

Part II - Refusal to Consent - DO NOT COMPLETE IF YOU COMPLETED PART I

I do not give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish to have the YMCA coaches and authorities to take no action or to:

Parent/Guardian Name: _____

Home Address: _____

First number to call: _____ **Alternative Number to call:** _____

Parent Signature: _____ **Date:** _____

