

## **Emergency Information**

Participant: \_\_\_\_\_ Age: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

In case of an emergency, after attempting the above phone numbers, please list the name of the person authorized to act for the parent in an emergency.

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Are there any allergies or medical conditions that the YMCA should be made aware of?

Please specify: \_\_\_\_\_

## **Child Information**

Participant's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician's Name: \_\_\_\_\_

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

Insurance Coverage: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

In the event of an emergency, I hereby give permission to the YMCA staff to secure the proper medical treatment for my child. In the event that I cannot be reached, I hereby give permission to the physician selected by the YMCA to order x-rays, routine tests and treatment for the health of my child. I give my permission to the physician selected by the YMCA to hospitalize, secure proper treatment for and to order injections and/or anesthesia and/or surgery for my child as named above.

I grant permission for photographs that include my child to be used in media releases that benefit the center.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_