

Authorization for Emergency Medical Attention

In the event of sickness or accident, I expect to be contacted, however, if I cannot be reached, I, the undersigned, hereby give my consent for the attending YMCA staff member to provide emergency care and/or treatment for my child through a clinic, hospital or private doctor. I give my express consent for x-rays, if the attending physician feels it is advisable or necessary. I also agree to be responsible for the costs and fees contingent upon any emergency medical care and/or treatment for my child as secured or authorized under this consent. I also give my consent for emergency first aid to be administered to my child by YMCA staff. I understand for an accident involving a more serious injury, the Fire Department ambulance may be called and my child may be taken to the nearest hospital for treatment. This agreement shall continue as long as my child participates in Tri-Town YMCA programs.

Child's Name _____ Birth Date: ____ / ____ / ____

Address _____ Day-time Phone _____

Parent's Name _____
Mother/Guardian Father/Guardian

Insurance Co. _____ Insurance Co. _____

Policy Number _____ Policy Number _____

Physician's Name _____ Phone _____

Address _____

Parent Signature _____ Date _____