



## MEDICAL RELEASE FORM

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: M  F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

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

***If a parent cannot be reached in the event of illness or other emergency, contact:***

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

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

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

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

### **MEDICAL INFORMATION**

Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Doctor to be notified: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist to be notified: \_\_\_\_\_ Phone: \_\_\_\_\_

If emergency treatment is required and the parents cannot be immediately reached, may the YMCA staff use their own judgment in calling the above-named physician? Yes  No

If "no," what do parents want done? \_\_\_\_\_

Please comment on any aspect of your child's behavior that, personality, or expectations, which might be helpful for YMCA staff.

\_\_\_\_\_

### **PARENT'S AUTHORIZATION**

I hereby state that my child is physically and mentally capable of safe participation in YMCA youth programs. I assume all risks and hazards incidental to the conduct of this program. I authorize the YMCA staff to give my above-named child any reasonable first aid and to transport him/her to a health care facility for medical and emergency services as needed. I assume full responsibility for any and all injuries that may occur while my child is participating in any YMCA program and agree to pay for any and all medical and emergency services secured for my child by YMCA staff.

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