

YMCA/NEPTUNE 2009-2010 EMERGENCY MEDICAL FORM

PLEASE PRINT!!

Name _____ Male _____ Female _____

Age _____ Birth date ____/____/____

Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Numbers: Father _____ Mother _____ Cell Phone _____

In case of an emergency or injury and if the above parent's cannot be notified please contact:

Name _____ Phone _____

Family Doctor _____ Phone _____

List all allergies, medications, physical impairments, or anything else of which the coach or physician should know.

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1. I hereby give consent to the YMCA employees or swim coach to apply first aid treatment to my child until a family doctor can be contacted. YES _____ NO _____
 2. In the event the designated practitioner is not available, I hereby give my consent to YMCA employees or swim coach to secure another licensed physician. YES _____ NO _____
 3. I hereby give consent to the YMCA or swim coach to secure an ambulance to transfer my child to _____ hospital or any other hospital reasonably accessible. YES ___ NO _____

NOTE: This authorization **DOES NOT** cover major surgery unless the medical opinions of two other licensed physicians or dentists, concur in the necessity for such surgery.

The Youngstown YMCA does not carry accident insurance for members or program participants. You will need to cover your own medical expenses resulting from injury incurred in the YMCA.

DATE _____ PARENT/GUARDIAN SIGNATURE _____

EMAIL ADDRESS _____ Please print legibly.

The Youngstown Neptunes communicate via email and the web. We will register your email with our web site so that you are notified of newsletter updates.