



# Wapakoneta Family YMCA Wahoos Swim Team Emergency Medical Form 2014/2015

**An Emergency Medical Form must be completed and turned in for each swimmer before the swimmer's first practice.**

### SWIMMERS INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Zip \_\_\_\_\_ Telephone \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Name \_\_\_\_\_ Name \_\_\_\_\_  
Relationship to swimmer \_\_\_\_\_ Relationship to swimmer \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Primary Phone \_\_\_\_\_  
Secondary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

### Emergency Contacts

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under swim team authority, when parents cannot be reached. Please list in order the persons (other than persons listed above) Y coaches and personnel should contact.

Name	Relationship	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### Part I OR Part II must be completed

#### PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Local Hospital \_\_\_\_\_ Phone \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administrations of any treatment deemed necessary by above named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery.

Facts concerning the child's medical history including all allergies, medications being taken, and any physical impairments to which a physician should be alerted:

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

#### Part II: Refusal to Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the YMCA and swim team authorities to take the following actions:

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

**This form must be completed and on file before the swimmer's first practice.**