



Wapakoneta Family YMCA Wahoos Swim Team Emergency Medical Form 2017/2018

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 _____ Relationship to swimmer _____
Address _____ Primary Phone _____
Secondary Phone _____ Employer _____
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: _____

OR

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.