



Wapakoneta Family YMCA Wahoos Swim Team Emergency Medical Form 2008

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

Last Name _____ First Name _____
 Address _____ City _____ Zip _____
 Telephone _____

Father's Name _____
 Address _____
 Telephone _____
 Cell Phone _____
 Employer _____
 Telephone _____
 Shift _____

Mother's Name _____
 Address _____
 Telephone _____
 Cell Phone _____
 Employer _____
 Telephone _____
 Shift _____

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 parent) swim team and YMCA personnel should contact.

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

Part I OR Part II must be completed

Part I: To Grand 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: _____

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: _____

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