



POWEL CROSLEY, JR. YMCA
EMERGENCY MEDICAL AUTHORIZATION

Name: _____ DOB: _____ Sex: M / F Age: _____
Last First Middle

Parent/Guardian #1 _____

Home Address: _____ Phone: _____
Street & Number City Zip Code

Business Address: _____ Phone: _____
Street & Number City Zip Code

Parent/Guardian #2 _____

Home Address: _____ Phone: _____
Street & Number City Zip Code

Business Address: _____ Phone: _____
Street & Number City Zip Code

If neither parent/guardian is available in an emergency, notify:

Name: _____ Relationship to child: _____

Address: _____ Phone: _____
Street & Number City Zip Code

EMERGENCY MEDICAL AUTHORIZATION
GRANT CONSENT

Name of family physician: _____ Phone: _____

Name of dentist/orthodontist: _____ Phone: _____

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

In the event reasonable attempts to contact me or second parent/guardian at the numbers listed above, have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment of physician or dentist listed above, 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 _____, (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medial opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of parent/guardian

Date

WAIVER

I understand that the YMCA of Greater Cincinnati assumes no responsibility for injuries or illness, which my child may sustain as a result of his/her physical condition or from his/her participation in any activity of the Powel Crosley, Jr. Branch. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illness, which may result from my child's participation in these activities. I hereby release and discharge the YMCA of Greater Cincinnati, its agents, servants and employees from any and all claims for injury, illness, death, loss of damage which I, or my children, may suffer as a result of participation in these activities.

ACCEPTANCE

I acknowledge the Waiver set forth above.

Signature of parent/guardian

Date