



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**Community YMCA of Eastern Delaware County
LANSDOWNE YMCA
EMERGENCY CONTACT/ PARENTAL CONSENT FORM**

Child's Name _____ Summer Club: _____
 Birthdate _____ Age (as of 12-01-09) _____
 Address _____
 City _____ Zip _____

PARENT/LEGAL GUARDIAN INFORMATION (Who to contact in case of emergency)

(#1) Parent Name _____ Home Phone # _____
 Cell Phone # _____ Pager # _____
 Employer _____ Work Phone # _____
 (#2) Parent Name _____ Home Phone # _____
 Cell Phone # _____ Pager # _____
 Employer _____ Work Phone # _____

MEDICAL INFORMATION

Health Insurance Provider _____ Policy/Id # _____

PHYSICIAN - Name of physician to be contacted in an emergency.

Physician's Name _____ Phone # _____
 Address _____ City _____ Zip _____

MEDICATIONS - List any medications your child is presently taking.

1. Medication _____ Dosage Amount _____
 How Often _____ This medication is for _____
 2. Medication _____ Dosage Amount _____
 How Often _____ This medication is for _____

SPECIAL MEDICAL CONCERNS - List any special medical or dietary conditions that the staff should know about.

EMERGENCY CONTACT – Name of person to be contacted in the event a parent is not available

Name _____ Home Phone # _____
 Cell Phone # _____ Pager # _____

CONSENT – Parent signature is required for each item below to indicate consent.

Obtaining Emergency Medical Care	Administration of Minor First Aid Procedures
Administration of Medications Listed Above	Transportation by the YMCA

To the best of my knowledge, all of the information provided is true; and I have listed all warnings and restrictions. I believe my child is in good health, and able to participate in all activities, unless otherwise specified. The YMCA has my permission to: obtain proper medical treatment for my child in the event of a medical emergency, including anesthesia and surgery; use photographs of my child in brochures and advertisements. I hereby to indemnify and hold harmless the Community YMCA of Eastern Delaware County (LansdowneYMCA), its staff and volunteers from all losses, claims or actions that may arise from any act, omission, event or incident of any nature, occurring while my child is engaged in any reasonable and normal activity sponsored by the YMCA.

Parent/Legal Guardian Signature & Date _____