

AUTHORIZATION AND RELEASE FOR MEDICAL CARE

In the event that the child named herein should have a sudden illness or accident while attending the YMCA KIDS CLUB program, I understand:

The staff will make attempt to reach me for instructions. If that cannot be done immediately or the situation is viewed as critical by the staff members in charge, I request that one of the following physicians be called, but if the emergency treatment is needed immediately, I authorize the YMCA staff to immediately request assistance from rescue personnel, or to deliver my child to the nearest emergency room and to consent to any emergency treatment that is recommended by rescue or emergency room staff. It is understood that efforts will be made to contact the undersigned before treatment is given if time permits, but that treatment will not be withheld if I cannot be reached.

It is also understood that I will be responsible for all costs involved in treatment of this minor child. In addition to any other agreement I have with the YMCA, I understand the Winthrop Area YMCA, State YMCA of Maine, Winthrop Public Schools, their staffs, volunteers, or agents shall not be liable for any injury sustained by the child during this program, and I accept full responsibility for any accident or injury which may occur.

NAME OF CHILD _____ **PARENT'S NAME** _____

Family Physician _____ **Address** _____ **Town** _____ **Phone** _____

Family Dentist _____ **Address** _____ **Town** _____ **Phone** _____

INSURANCE CARRIER _____ POLICY # _____

HEALTH INFORMATION

Please note any conditions that affect your child, and symptoms which may help us identify possible problems:

ALLERGIES:

Food Allergies _____

Symptoms: _____

Drug Allergies _____

Symptoms: _____

Insect or Other

Allergies _____

Symptoms: _____

CONDITIONS:

Asthma: _____ Symptoms: _____

Diabetes: _____ Symptoms: _____

Seizures: _____ Symptoms: _____

Others _____ Symptoms: _____

LIMITATIONS:

Identify any activities your child should not be participating in:

Set forth any special instructions we should be aware of concerning the care of your child:

I have read all the provisions of this Release for Medical Care as well as the KIDS CLUB Handbook and agree to abide by all terms, conditions, and policies in those documents. KIDS CLUB will rely on the information I have provided in the application and other written agreements until such time as I notify KIDS CLUB in writing otherwise.

Parent's or Guardian's Signature

Date

