

Swimmer Emergency Contact Information & Treatment Authorization Card

Child's Name: _____

Date of Birth: _____ Age: _____

Allergies: _____ Medications taken: _____

Special Medical Conditions/Circumstances: _____

Child's Name: _____

Date of Birth: _____ Age: _____

Allergies: _____ Medications taken: _____

Special Medical Conditions/Circumstances: _____

Child's Name: _____

Date of Birth: _____ Age: _____

Allergies: _____ Medications taken: _____

Special Medical Conditions/Circumstances: _____

Mother/Guardian Name: _____

Home#: _____ **Work#:** _____ **Cell#:** _____

Father/Guardian Name: _____

Home#: _____ **Work#:** _____ **Cell#:** _____

Additional Emergency Contacts

Name: _____ **Relationship:** _____

Home#: _____ **Work#:** _____ **Cell#:** _____

Name: _____ **Relationship:** _____

Home#: _____ **Work#:** _____ **Cell#:** _____

I authorize the Rye YMCA staff to administer first aid to my child/children in the event of an emergency. In the event that we cannot be reached in an emergency, I hereby give permission to the Rye YMCA staff and designate them to take my child to the nearest medical facility for treatment in any medical emergency during their participation in swim team activities. Further, I agree to pay all costs associated with medical care and transportation for my child/children.

Insurance Company: _____

Policy #: _____ ID# _____

Name of Insured: _____ Insured D.O.B.: _____

Address of Insured: _____

City: _____ Zip Code: _____

Home#: _____ Work#: _____ Cell#: _____

Mother/Guardian Signature: _____ **Date:** _____

Father/Guardian Signature: _____ **Date:** _____