

Swimmer's Name \_\_\_\_\_

**YORK YMCA SWIMMING  
MEDICAL RELEASE FORM  
CONSENT FOR MEDICAL TREATMENT**

In the event of a medical emergency, the undersigned hereby grants authorization to the designated YMCA personnel to issue first aid, and to use his or her judgment in activating the emergency system and to employ any legally licensed physician or healthcare facility on behalf of the undersigned. The undersigned agrees that the personnel at the York YMCA shall not be liable under any circumstances for exercising the foregoing authority in the event of an emergency.

I have read and understood and I agree with the Emergency Medical Authorization outlined above as it relates to myself or my child.

Athlete Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

In the space provided below, list any pertinent health or medical information and instructions or special problems (allergies, tetanus booster dates, drug allergies, asthma, prescriptions, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Aside from the athlete's parents, please indicate those individuals that you would like York YMCA personnel to contact in an emergency involving the athlete:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Athlete's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Athlete's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Information:

Subscriber's Name (athlete's parent): \_\_\_\_\_

Insurance company: \_\_\_\_\_

ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance coverage (i.e., medical, dental): \_\_\_\_\_

Insurance authorization phone number: \_\_\_\_\_