

## Emergency Medical Form

Purpose: To enable parents to authorize the provision of the emergency treatment for children who become ill or injured while the Louisville YMCA Swim Team authority, when parent(s) cannot be reached.

Swimmer's Name: \_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_

**Mother's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Additional Emergency Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

### **PART 1 OR 2 MUST BE FILLED OUT**

#### **Part 1 To Grant Consent**

I hereby give consent for the following medical care providers and local hospital to be called:

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Local Hospital \_\_\_\_\_

In the event reasonable attempts to contact me have unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctors, 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 any hospital reasonably accessible.

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

Fact concerning child's medical history, medications being taken and any physical impairment to which physician should be alerted:

Remarks: \_\_\_\_\_

Allergies: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Part 2: **REFUSAL TO GIVE CONSENT**

**I DO NOT GIVE MY CONSENT** for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Louisville Area Swim Team Coaches to take no action and the aforementioned parent/guardian.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

# Louisville YMCA Blue Dolphins Swim Team

## Photo Release Form

I, the undersigned parent/guardian, do hereby grant permission for the following: my child's picture may be used in event of a news publication at the Louisville YMCA Blue Dolphins Swim Team. I also understand that his/her picture may or may not be used in a publication at the discretion of the editor. Furthermore, I acknowledge my child's picture may be taken and used for the purpose of the Blue Dolphins Swim Team fundraisers and publicity. I further give permission for my child's name to be used in conjunction with the photograph(s)

This permission is granted through the Louisville YMCA Blue Dolphins Swim Team and the Louisville Area YMCA from any incident which may occur as a result of a result of the publication of my child's photograph(s).

Please check one:

Please do not use any picture of my child for publications

You have my permission to use my child/children's picture for publications

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Louisville YMCA Blue Dolphins Swim Team  
T-Shirt Order Form

Each swimmer will receive a Blue Dolphins T-shirt. Please include name and child's size.

Name \_\_\_\_\_

Please circle size:

Youth Small

Youth Medium

Youth Large

Adult Small

Adult Medium

Adult Large

Adult X-Large

Adult XX-Large