



YOUTH & GOVERNMENT

We build strong kids, strong families, strong communities.

Effective Dates: October 1, 2010 - June 30, 2011

This form must be submitted for every delegate no later than Pre-Leg 1

FIRST AID AND EMERGENCY MEDICAL CARE AUTHORIZATION AND CONSENT FORM

Delegate's name: _____ Home Phone # _____

Street: _____ City: _____ State _____ Zip _____

School: _____ Year in School: _____

D.O.B. ___/___/___ Gender _____ Male _____ Female

I understand the Youth & Government program staffs are trained in the basics of first aid and I authorize them to give my child first aid as needed. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to nearest medical care facility and secure medical treatment necessary including hospitalization, anesthesia, and surgery.

Child's physician's name _____

Address _____

Home Phone _____ Cell Phone: _____

Health Insurance carrier _____ Policy # _____

Child's dentist's name _____

Dental Insurance carrier _____ Policy # _____

Emergency contacts, other than parent (please list in order to be contacted):

1. Name _____ Address _____

Relationship to child _____ Phone # _____

2. Name _____ Address _____

Relationship to child _____ Phone # _____

3. Name _____ Address _____

Relationship to child _____ Phone # _____

The following may affect my child's ability to participate in program activities:

Visual problem _____

Hearing Problem _____

Speech or Language Problem _____

Other physical illness or impairment _____

Mental, emotional, or behavioral problem _____

Other _____

The following health conditions may require emergency action (seizures, bee stings, allergies, Diabetes, etc.)

My child takes the following medication (s) and will have it with him/her as necessary.

Except as noted, my child is otherwise good physical and mental health, is free of communicable disease and may participate fully in program activities.

Promotional Release

I here by grant consent to release photographs and/or video footage of my child to the MA YMCA Youth and Government Program, for commercial and art purposes in any medium of advertising, communication, publication that will promote YMCA programs and services, and/or recognition of participants. It is my understanding the YMCA is a non-profit organization.

YES _____

NO _____

Parent/Guardian Signature: _____ DATE _____

Please Print Name: _____