

Medical Release
OH – WV YMCA Conferences

Delegation _____

Student's Name _____

Last

First

M.I.

Age _____ Birth Date _____ Sex _____

Address _____

Last Tetanus Shot _____ Allergies _____

Current Medications _____

Any conditions that we should be aware of? _____

Parent or Legal Guardian _____

Address _____

Phone Numbers: Home _____ Work _____

List the name and phone number of someone who knows where you will be if we cannot reach you at the above phone numbers.

Name _____ Phone _____

Family Physician _____

Address _____

Phone Numbers: Office _____ Home _____

Insurance Company _____ Policy Number _____

The adult providing supervision for my child during the conference will be: _____

AUTHORIZATION FOR TREATMENT: I hereby give permission to the medical personnel selected by the adult listed above (or in their absence the Ohio-West Virginia YMCA) to order X-rays, routine tests, treatment, necessary transportation, and any emergency treatment required for my child. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected to secure and administer treatment, including hospitalization, for my child.

Signature of Parent or Legal Guardian _____

Relationship _____ Date _____

If you cannot sign this document for religious reasons, please contact the Ohio-West Virginia YMCA.