

# Vacation Fun Club Emergency Information

Name of Child _____		DOB(MM/DD/YY) _____	
Address _____		Phone _____	
Street	Town/State	Zip	
Parent/Guardian _____		Phone _____	
	Home	Work	Cell
Work Address _____			
Name of business	Street	Town/State	Zip
<p>If I wish my child not to be photographed for YMCA publicity purposes, I understand that I must submit a do not photo request, in writing, to the YMCA prior to my child's first day at Vacation Fun Club. I give my child permission to participate in all swimming related activities and to take part in any scheduled field trips.</p>			
<b>X Signature</b> _____		Date _____	

## **Authorization For Medical Treatment of Minors**

If your child needs medical, dental, health or hospitalization services, under the law, you as a parent must give permission. Naturally, if you are with your child you can give permission as the need arises. You can prepare for those unexpected times when you are not with your child by filling out this authorization form. Using this form, you can give permission to other adults to act for you, in your absence, regarding the treatment of your child. This is a legal document. After you complete this form give a copy to each adult you have named to act in your behalf. If your child needs unexpected medical treatment, the responsible adult should present this document to the appropriate person - physician, dentist, or hospital representative. When a true emergency exists a child may be treated without parental consent. This will happen when a physician determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase risk to the child's life or health.

Known Allergies _____		Special Conditions _____	
Medications now taking _____			
Insurance Company or _____			
Government Program _____			
ID or Contract # _____			
Physician Name _____			
Address _____		Phone _____	
<p>I, being the parent of custody or legal guardian of the minor named above, do hereby appoint:  <b>GLENS FALLS FAMILY YMCA</b>  <b>600 GLEN STREET, GLENS FALLS, NY 12801</b>          To act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the minor named in my absence.</p>			
<b>X Signature</b> _____		Date _____	
Signature of Witness _____			
Date _____		Address _____	
<small>(Cannot be witnessed by YMCA employee.)</small>			
<small>The form is valid for a period of one year from date signed.</small>			

