



# CONFIDENTIAL MEDICAL CONSENT

**PRINT CLEARLY:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Program Registering For: \_\_\_\_\_

School Attending \_\_\_\_\_ What grade in Sept. \_\_\_\_\_

**LIST PARENT / GUARDIAN (S) LIVING WITH CHILD (UNDER 18):**

Name: \_\_\_\_\_ Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Name: \_\_\_\_\_ Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

**EMERGENCY CONTACTS / ALTERNATIVE PERSONS AUTHORIZED FOR PARTICIPANT PICKUP:**

In the case of an emergency, we always try to contact the guardian(s) listed above first. If that is not possible, we will always need the names of at least **TWO** other contacts (relatives/friends). Only the adults listed below will be eligible for picking up the participant without a legibly written note signed by the parent/guardian.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone (Day): \_\_\_\_\_ (Evening): \_\_\_\_\_

**MEDICAL INFORMATION**

List dates of most current immunization of the following: Tetanus Booster: \_\_\_\_\_ Tuberculin Test: \_\_\_\_\_

Please check, if any, which of the following has the participant had:

Appendicitis     Tonsillectomy     Mumps     Measles     Chicken Pox  
 Diabetes     Asthma     Chronic / Recurring Illness \_\_\_\_\_

Additional Health Information (Operations, allergies, medication, physical limitations, disabilities, special diet, etc.)  
\_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

**GENERAL RELEASE OF LIABILITY**

In consideration for being allowed membership privileges in any program provided by the YMCA, the undersigned hereby assumes FULL responsibility for and risk of bodily injury, death or property damage due to the negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment heron. I further agree to hold harmless the YMCA, it's director, officers, employees, agents and volunteers for any and all claims, suits, losses or related causes of action for damages, including but not limited to such claims that may result from injury, death, accident or otherwise during or arising in way from said activity. I acknowledge that this general release of liability of YMCA is binding on me personally, my heirs, personal representative successors and assigns.

I hereby irrevocably consent to and authorize the use and reproduction by the YMCA, or anyone authorized by the YMCA, of any and all photographs which you have this day taken of the participant, negative or positive, for any purpose whatsoever without compensation to me and all negatives and positives, together with the print shall constitute the YMCA's property, solely and completely.

Medical release: I understand that the YMCA of San Francisco assumes no financial obligation for such treatment but, in the event that I cannot be reached for an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for and to order injections and emergency treatment for the participant as named on this form.

Signature of Parent / Guardian \_\_\_\_\_ Relationship to Participant \_\_\_\_\_ Date \_\_\_\_\_