



**FOR YOUTH DEVELOPMENT**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

Sheboygan Falls YMCA, 305 Buffalo St, Sheboygan Falls, WI 53085

**SHEBOYGAN COUNTY YMCA EMERGENCY CONSENT FORM**

I, \_\_\_\_\_, hereby authorize any physical member of a state licensed emergency medical facility to provide emergency care for: (Child's Name) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Person to contact in case of an emergency:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Choice \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Medicine Child is Taking \_\_\_\_\_

Last Tetanus Shot \_\_\_\_\_

Outstanding Medical History (diabetes, heart condition, asthma) \_\_\_\_\_

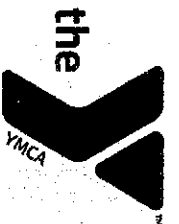
\_\_\_\_\_

Insurance Co \_\_\_\_\_ ID/Policy # \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Subscriber's Place of Employment \_\_\_\_\_

Parents/Guardians: Please give this form to your child's coach and inform the coach of changes during the season.



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