

**Pottstown YMCA Swim Team**  
**Consent for Emergency Health Treatment**

To: Any provider of medical, dental, or healthcare services

Consent of the undersigned parent or legal guardian is hereby given to you to administer emergency medical, dental and health services to the minor child listed below:

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/  
Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

---

Contact information:

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ (Home)

\_\_\_\_\_ (Alternate)

Alternate Contact (nearest relative or responsible adult):

\_\_\_\_\_ Phone: \_\_\_\_\_

---

Other Information:

Insurance Co: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications (including Insulin): \_\_\_\_\_

Family MD: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

All reasonable efforts will be made to contact you in connection with any emergency medical treatment.

Swimmer will be unable to participate in meets until this form is returned to the coaches.