



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_/\_\_\_\_.

(mo) (day) (year)

### EMERGENCY MEDICAL TREATMENT RELEASE FORM

St. Barnabas Medical Center has agreed to be the principal medical facility for YMCA Peanut Shell Child Care Center in case of a medical emergency. We have received a letter from the Vice President of St. Barnabas Medical Center stating that they will be glad to serve us once they have a signed **AUTHORIZATION FROM YOU** allowing your child to be treated by them. The injured or seriously ill child will be transported by the local Rescue Squad Ambulance. In an event of an emergency, the Police, as well as the Rescue Squad, will be called. **AT NO TIME WILL A STAFF MEMBER TRANSPORT YOUR CHILD TO THE HOSPITAL.**

---

### PARENTAL CONSENT FORM FOR MEDICAL TREATMENT

I give permission to the St. Barnabas Medical Center and/or YMCA Peanut Shell Child Care Center to treat my child: \_\_\_\_\_ in case of an emergency.  
(Name of Child)

The last tetanus injection given to my child was on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(mo) (day) (year)

I understand that no guarantees have been made to me as to the effect of such treatment on my child's condition.

I acknowledge all responsibility for reasonable charges in connection with care and treatment given during this period.

My child is allergic to \_\_\_\_\_. *If your child has an allergy or other health condition, please see the office for additional paperwork to complete.*

Medication(s) currently being taken: \_\_\_\_\_

Child's physician \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Name of Health Insurance Carrier \_\_\_\_\_

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