



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## South Mountain YMCA Emergency Medical Treatment Release Form

Child Name: \_\_\_\_\_

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

Emergency Number: \_\_\_\_\_

In the event of a severe allergic reaction while at South Mountain, I give permission to administer Benadryl until someone arrives. I agree to provide Benadryl in a sealed, original labeled bottle. I understand that dosing information will be given by my child's pediatrician and/or emergency medical responders. \_\_\_\_\_ initial

I give permission to the St. Barnabus Medical Center/Overlook Hospital to treat my child \_\_\_\_\_ in case of emergency. \_\_\_\_\_ initial

The last tetanus injection given to my child was on \_\_\_\_/\_\_\_\_/\_\_\_\_.

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

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

My child is allergic to \_\_\_\_\_

My child's birth date is \_\_\_\_\_

Medication currently taken: \_\_\_\_\_

Child Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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