

**Youth Enrichment Summer (YES) Program  
Emergency Medical Information and Authorization**

Please fill out this information and authorization completely. Accurate information is necessary so that we may best serve your child. It is your responsibility to notify us immediately of any changes.

Child's Name \_\_\_\_\_

IN THE EVENT THE PARENT(S) CANNOT BE REACHED IMMEDIATELY, CALL:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

THIS CHILD MAY ONLY BE RELEASED TO:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Who may not pick up the child? \_\_\_\_\_

**MEDICAL INFORMATION**

Child's Doctor or Clinic \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Medical Facility you Prefer for Emergency Treatment \_\_\_\_\_

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

Current Prescribed Medication(s) \_\_\_\_\_

Child's special medical needs and conditions \_\_\_\_\_

\_\_\_\_\_ **A copy of my child's immunization record is attached.**

**CONSENT FOR EMERGENCY CARE**

This health history is accurate to the best of my knowledge, and the child herein described has my permission to engage in all activities and field trips except as told by me. I, hereby, grant permission to the YES Programs for the above named child to be given emergency care at the medical facility I have state I prefer, or the closet emergency facility available, in the event that I cannot be reached immediately. This permission will also apply if I cannot reach the YES Program or the Hospital in a reasonable length of time. I hereby authorize the physician or medical facility to administer emergency treatment and agree to be fully responsible for all medical expenses incurred during the treatment of my child. I understand that the YES Program carries liability insurance only; families must carry their own accident insurance.

Signature(s): X \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_