

First Aid and Emergency Medical Care Consent Form

Nature Adventures Camp

Child's name _____

Date of Birth _____

Parent/Guardian 1 Name: _____	Evening Phone: _____
Daytime Phone: _____	Cell Phone: _____
Parent/Guardian 2 Name: _____	Evening Phone: _____
Daytime Phone: _____	Cell Phone: _____

I authorize staff at Nature Adventures Summer Day Camp who are trained in the basics of first aid to give my child first aid/ CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and to secure necessary treatment for my child. I understand that the South Shore YMCA is not responsible to provide health and accident insurance, and all charges incurred will be paid by the parent/guardian.

Childs' physician name: _____ Phone number: _____

Address: _____

Child's Allergies: _____

Chronic medical conditions*: _____

(*If a child has chronic medical conditions diagnosed by a licensed health care practitioner, an Individual Health Care Plan is required. Please see Director for more information.)

Required treatment including medication for chronic medical condition _____

Parent/ Guardian signature _____	Date _____
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