

The Preble Park Youth Program
Emergency Contact & Authorization Form

Participant

Name (first & last): _____ Date: _____

Address: _____

Age: _____ Birthday: _____ Grade (this fall): _____ Swimming Level/Ability: _____

Parent's email (so we may contact you): _____

Medical Information

Physician name: _____ Physician number: _____

Medical Conditions: _____

Allergies: _____

Medication*: _____

*PPYP **cannot** administer any medications.

Father/Guardian

Name: _____ Telephone: _____

Address: _____ Cell Phone: _____

_____ Work number: _____

Mother /Guardian

Name: _____ Telephone: _____

Address: _____ Cell Phone: _____

_____ Work number: _____

Emergency Contact

Name: _____ Telephone: _____

Address: _____ Cell Phone: _____

_____ Work number: _____

Authorization for Emergency Treatment of Minors

I, being the parent or legal guardian of the above named minor, do hereby appoint: Preble Park Youth Program to act on my behalf in authorizing emergency medical, dental, surgical care and/or hospitalization for the above named minor during the period of my absence during the above named field trip or program.

Parent or Legal Guardian's Signature: _____ *Date:* _____