

Disclaimer

In the event that my child should have a sudden illness accident at the YMCA Camp Program, I understand that the staff will attempt to reach me for instructions. If I cannot be reached immediately or if the situation is viewed as critical by the Staff member in charge, I request that one of the following physicians be called but if emergency treatment is needed, I authorize the YMCA Camp Staff to request assistance from the paramedics or emergency room staff. It is understood that every effort will be made to contact the undersigned before treatment is given but that treatment will not be withheld if I cannot be reached. It is also understood that I will be responsible for all costs involved in treatment of this minor child.

Parent/Guardian Signature _____ Date _____

Physician

Address

Phone

Dentist

Address

Phone

Health Insurance Carrier

Policy Number

Suburban North Family YMCA

880 Walnut Street • Catasauqua, PA 18032 • 610-264-5221