

Student Permission Slip/ Emergency Medical Form  
Y2Y Dodgeball Tournament at Geauga YMCA

As a parent or guardian of \_\_\_\_\_, I hereby give permission for my  
son/daughter to participate in the Dodgeball Tournament at the Geauga YMCA on October 26<sup>th</sup>, 2019.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

.....  
Emergency Medical Authorization

Purpose

The purpose of this form is to enable parents or guardians to authorize the provision of emergency treatment for students who become ill or injured while at the Y2Y Dodgeball Tournament at the Geauga YMCA when the distance from home or other circumstances make it impractical to contact parents or guardians and or preferred professional services.

Grant to Consent

I hereby give my consent for emergency treatment for my child in the event of illness or injury requiring emergency treatment.

Facts concerning the child's medical history, including allergies, medications being taken and any physical impairment to which a physician should be alerted are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Group Number /Contract Number

\_\_\_\_\_  
Name of another relative that can be contacted in case of emergency

\_\_\_\_\_  
Phone Number