



# 2018 Sheboygan County YMCA Springers Training Team Medical Information Form

Name of child \_\_\_\_\_ Birth Date \_\_\_\_\_ Level \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_ (very important you notify Karen if it changes)  
**Very important you have an e-mail address**

Father's Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_ (very important you notify Karen if it changes)  
**Very important you have an e-mail address**

Emergency contact person \_\_\_\_\_ Phone (H) \_\_\_\_\_  
(other than parent or guardian listed above)

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Preferred Ambulance Transportation if necessary \_\_\_\_\_

Medications taken on a regular basis: \_\_\_\_\_

Allergies: laytex \_\_\_\_ Other \_\_\_\_ please specify \_\_\_\_\_

Special Concerns (Physical, Medical, Emotional, Phobias) \_\_\_\_\_

### Health Insurance Information:

Company \_\_\_\_\_ Policy# \_\_\_\_\_ Group# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### EMERGENCY PLAN

- In case of emergency, I hereby give permission to the physician selected to secure proper treatment for my child up to and including injections, anesthesia, hospitalization and/or surgery.

Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Date starting the 2018 Sheboygan YMCA Springers Training Team** \_\_\_\_\_

**Date contract received** \_\_\_\_\_ **for office use**

**Return all Springer Information to the YMCA front desk-Labeled, Attention: Karen Field**