

**KINGS BAY YM-YWHA  
3495 NOSTRAND AVENUE  
BROOKLYN, NEW YORK 11229  
718-648-7703**

Dear Parents:

We are asking you to complete this consent form, to be used in the event of an emergency and to be used as a general trip/activity authorization. It is our hope and expectation that we will never have to use this form for a medical emergency, but in the event that we do, please be reassured that we will make every effort to contact you or your designee as soon as possible.

**AUTHORIZATION FOR EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT**

In case of an emergency during my child's enrollment in the King Bay Y After-School or Day Camp Program, I hereby authorize the doctor or the hospital to which my child may be brought (and whomever they may designate as their assistants) to perform any emergency procedure or operation, to give treatment and to administer anesthetic to my child, as deemed necessary.

**AUTHORIZATION FOR TRIPS**

I give my child permission to go on all trips and to participate in all program activities.

**I HAVE READ THE ABOVE AUTHORIZATIONS AND AGREE TO ABIDE BY THEM.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to child \_\_\_\_\_ Telephone # \_\_\_\_\_

Name of child \_\_\_\_\_ Date of birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ Zip code \_\_\_\_\_

Name of insurance plan \_\_\_\_\_ Policy # \_\_\_\_\_ Policy holder \_\_\_\_\_

Person to be contacted in case of emergency \_\_\_\_\_

Telephone # \_\_\_\_\_ Relationship to child \_\_\_\_\_