



BOYS & GIRLS CLUB
OF NORTHERN WESTCHESTER

Department

VOLUNTEER PERMISSION FOR HEALTH CARE

If you are under age 18, this form must be filled out and signed by your parent or guardian.

Name _____ Today's Date _____

Physician's Name _____ Phone _____

Physician's Address _____

Dentist's Name _____ Phone _____

Dentist's Address _____

AUTHORIZED ADULTS

In the event of an emergency, please indicate the name and phone number where another authorized person can be reached:

Name _____ Phone _____

Relationship to Staff Member/Volunteer _____

Name _____ Phone _____

Relationship to Staff Member/Volunteer _____

MEDICAL PROBLEMS

Please list any allergies and/or medical problems: _____

Please list all medications and dosages: _____

FIRST AID

In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary.

EMERGENCY CARE

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for me.

HEALTH RECORD TRANSFER

In the event of an emergency, I hereby authorize the transfer of my health record to the local hospital.

HOSPITAL RELEASE FORM & PERMISSION SLIP

I give my permission, in case of injury to take me to a hospital for treatment to include evaluation of injuries, x-rays and needed care.

MEDICAL INSURANCE COMPANY: _____ **INSURANCE #:** _____

Signature (*parent or guardian must sign if volunteer is under age 18*)

Date

Parent or Guardian Name and Address (*please print*)

Phone