

Emergency Contact Information & Agreement Form

Childs Name: _____ Age: _____

Is your child allergic to any drugs? _____. If yes, please list here _____

Does your child have any allergies? (e.g., bee sting, dust) _____. If yes, please list here _____

Does your child have asthma_____, diabetes _____, or epilepsy _____?

Does your child have an inhaler? _____.

Is your child on any medication? _____.

Does your child wear contact? _____.

Is there anything else we should know about your child's health or physical condition? _____.

If yes, please explain: _____

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If yes, please explain: _____

In the event of an emergency, if the emergency contact listed cannot be reached in a reasonable amount of time, or the situation requires immediate medical attention, I authorize the Johnstown Youth Wrestling Club (JYWC) to authorize emergency medical attention for my child or children listed on this form. JYWC, it's coaches and agents shall not be liable for any expenses associated with the medical treatment of my child, or children. All expenses associated with emergency medical service, transportation, treatment, hospitalization, etc. will be the sole responsibility of the parent/guardian signed here.

Parent/Guardian Signature _____ Date: _____