



Westfield Area YMCA Youth Program

Refusal to consent to medical treatment

Child's Name

By signing below, I indicate that the YMCA of Westfield, NJ, its volunteers or employees are not authorized to allow the administration of health care to my child (named above) in the event of injury or sickness. However, I will not hold the YMCA, its employees, members, or volunteers liable in any way for seeking emergency care (such as calling 911) for my child or providing any health information on their Health History form to emergency personnel.

Signature of Parent or Guardian Refusing Treatment

Date

Action to be taken in the event your child needs care or treatment:

