

Form Includes: Swimmers _____

Divers _____

Both _____

Emergency Medical Form

NOTE: If your children have no medical problems, allergies, or conditions that you are listing on this authorization form, you may use one form for all of your children. If you need to list any facts regarding a child's medical history, please make additional copies of this form, and fill out one form per child.

Parent's names _____ Child's (or Children's') name(s) _____

Family address: _____

Home telephone: _____ School attended (this year): _____

Father's work phone: _____ Mother's work phone: _____

Father's Cell phone: _____ Mother's Cell phone: _____

Other contact (name, relationship and phone number) _____

PURPOSE: To enable parents to authorize emergency treatment for children who become ill or injured while under club authority, when parents cannot be reached.

PART I or PART II MUST BE COMPLETED

PART I TO GRANT CONSENT

In the event reasonable attempts to contact me at home or work (telephone numbers listed above) or other parent (at numbers listed above) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by

Dr. _____ (preferred physician),
_____ (phone number)

or by Dr. _____ (preferred dentist),
_____ (phone number)

Or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Parent's Signature

Date

PART II REFUSAL TO CONSENT

(DO NOT COMPLETE PART II IF YOU COMPLETED PART I)

I **DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the club authorities to take no action or to: _____

Parent's Signature

Date