

Travel Consent/Emergency Medical Release Form

Please Print All Information, Except For Signatures

Meet Name: _____ Dates: _____

Swimmer Identification

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

List any medications and dosages that the swimmer will be taking during the trip.

- 1)
- 2)
- 3)

Does someone need to supervise the administration of the medication? Yes ___ No ___ N/A ___

List pre-existing medical conditions; e.g, Epilepsy, any **Allergies**, Asthma or other medical information about this swimmer that the Coaches/Chaperones should be aware of:

Medical Insurance Data

Company _____

Policy# _____

Name of Policy Holder: _____

Swimmer's Primary Care Physician:

Name: _____

Phone# _____

Person to contact in an Emergency

Name _____ Relationship to Swimmer _____

Telephone: Day (_____) _____ Evening (_____) _____

Cellular Phone: (_____) _____ Other (_____) _____

If the swimmer identified above becomes injured or otherwise needs emergency medical attention, I authorize Tri-City Channel Cats Swim Club through the TCCC Head Coach, Mr. Todd Stafek, or his designee to obtain medical assistance. I authorize him or his designee to act for me, according to his or her best judgment and ability. This authorization covers all the time that the swimmer is under the supervision of TCCC personnel.

Special Notes;

_____ Initial – I give permission for the TCCC staff/Chaperones to transport my swimmer as necessary. I understand that it may not be possible to have a similar gender adult travel in the same vehicle at all times.

_____ Initial – I understand that this trip requires only the coach and my swimmer to travel together.

Parent or Guardian Name: _____

Signature: _____ Date: _____

_____ Initial – I will follow the USA Swimming Code of Conduct at all times while on travel as a representative of TCCC.

Swimmer Signature: _____ Date: _____

MAAPP Travel Consent

I, _____, legal guardian of _____, a minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention Policy for _____ (minor athlete), to stay in the same hotel room of, or share a sleeping arrangement or other overnight lodging location with _____ (unrelated adult athlete) at _____ (location of hotel room or other overnight lodging location) from _____ to _____ (dates of applicable rooming arrangement). I further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature: _____

Date: _____