



Riviera Swim Team

PARENTAL RELEASE AND CONSENT FOR TREATMENT FOR:

I/We, the parent(s) or legal guardian(s) of the above-named child(ren), under my/our care, custody and control, voluntarily delegate my/our legal authority to consent to health care on behalf of such child to the Riviera Swim Team Club, its agents, servants, volunteers, and employees. This delegation is made in accordance with Indiana Law and is made subject to the condition that I/We cannot be contacted to personally provide the consent. The telephone number(s) provided should be used to attempt to contact me/us. I/We agree to allow the Riviera Swim Team/Club to act on my/our behalf as a parent/guardian at any time when I am not readily available in any matter regarding the health, safety and well being of the child. I/We hereby release and hold harmless the Riviera Swim Team/Club, its agents, volunteers, servants and employees from any and all costs, damages, claims, actions and liability of whatsoever nature or kind that may occur as a result of the Riviera Swim Team/Club personnel or its volunteers exercising the duties as delegated hereunder when performed in good faith and in the best interest of the child pursuant of the provisions of the paragraph.

Signature of
Parent(s)/Guardian(s) _____ Date Signed _____

_____ Date Signed _____

Emergency Contacts

1 st Contact Name _____	Relationship _____
Address _____	Phone _____ Cell _____
2 nd Contact Name _____	Relationship _____
Address _____	Phone _____ Cell _____

Medical Information

Physician _____	Address _____	Office Phone _____
Dentist _____	Address _____	Office Phone _____
Choice of Hospital	1 st _____	2 nd _____

Allergies: Is there a history of skin or other unusual reaction or sickness following injection or oral administration of :

(a) Penicillin or other antibiotics	yes/no	(b) Morphin, Codeine, Demoral (narcotics)	yes/no
(c) Novacaine or other anesthetics	yes/no	(d) Aspirin, Emperin, other pain remedies	yes/no
(e) Sulfa drugs	yes/no	(f) Tetanus, antitoxin or other serums	yes/no
(g) Adhesive tape	yes/no	(h) Iodine or Methiolate	yes/no
(i) Insect bites, bee stings.	yes/no	(j) Any food allergies: _____	yes/no
(k) Diabetes	yes/no	(k) Asthma,	yes/no I

Any other physical condition of which we should be aware:

SIGN
HERE x _____
SIGNATURE OF ATHLETE, PARENT OR GUARDIAN

CHECK IF YOU WOULD LIKE TO LEARN MORE ABOUT
USA SWIMMING'S COMMUNITY INITIATIVES