

## **Authorization to Consent to Emergency Treatment of Minor**

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I/We, the undersigned parent(s)/legal guardian(s) of \_\_\_\_\_, a minor do hereby authorize the USI Convention Athlete Supervisor and USI Admin Vice Chair as agents for the undersigned to act on my behalf to consent to an emergency transport, x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is advisable, and is to be rendered under the general supervision of any licensed physician and surgeon when the parent or legal guardian cannot be immediately contacted. I/we grant permission to the physician and/or appropriate medical personnel to attend to my child. In addition, I/we grant permission for the physician/ USI Convention Athlete Supervisor and USI Admin Vice Chair to release and receive medical information pertaining to the necessary treatment of my child. This information may be transmitted via telephone, personal interview, electronic mail, postal service, fax or other form of media not listed here. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the agent to give specific consent to any and all such emergency diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. **This permission will be in effect September 12-16, 2017.**

Printed Name of Parent/Guardian

Signature

Date

### **Parents' Permission/Acknowledgement of Risk for Athletic Participation**

As the parent(s)/legal guardian(s) of the above named student-athlete, I/we give consent for his/her participation in Utah Swimming's program and athletic events. I know that the risk of injury to my child comes with the participation in sports and during travel to and from meets. I/we have had the opportunity to understand the risk of injury during participation in sports through meetings, written information, or by some other means. My/our signature(s) below indicates that to the best of my/our knowledge, my/our answers to the above questions are complete and correct.

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Printed Name of Parent/Guardian

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Signature

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Date