

**Miami County Marlins Swim Team  
Emergency Medical Authorization Form**

Swimmers Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_

**IN CASE OF AN EMERGENCY, IF UNABLE TO CONTACT A PARENT/GUARDIAN, CALL:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PURPOSE:** To enable parents to authorize emergency treatment for children who become ill or injured while under the swim team's authority, when parents cannot be reached.

**PART I OR II MUST BE COMPLETED**

**PART I – TO GRANT CONSENT (PLEASE SIGN ON NEXT PAGE FOR PART I)**

In the event reasonable attempts to contact me at \_\_\_\_\_ (phone #) or  
\_\_\_\_\_ (other parent) at \_\_\_\_\_ (phone #) have been unsuccessful, I  
hereby give my consent for (1) the administration of any treatment deemed necessary by Dr.  
\_\_\_\_\_ (preferred physician) at \_\_\_\_\_ (phone no.) or Dr.  
\_\_\_\_\_ (preferred Dentist) at \_\_\_\_\_ (phone no.) or, in the event  
the designated preferred practioner is not available, by another licensed physician or dentist; and  
(2) the transfer of the child to \_\_\_\_\_ (preferred hospital) or any other  
hospital reasonably accessible.

**\*\*This authorization does not cover major surgery unless the medical opinions of two 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 impairment to which a physician should be alerted are as follows:

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**DATE:** \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_

## **PART II – REFUSAL TO CONSENT**

I do **NOT** give my consent for emergency medical treatment of my child. In the event of injury requiring emergency treatment, I wish the swim team authorities to take no action or to do the following:

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**DATE:** \_\_\_\_\_

**SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_