WTRC Sharks Swim Team
EMERGENCY MEDICAL AUTHORIZATION FORM

Swimmer Name:_____ Parent/Guardian Name:_____

Cell Phone:_____ Home Phone:_____

Date of Birth:_____ Age:_____ Address:_____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under swim team authority, when parents or guardians cannot be reached. This information will be shared, as necessary, with coaches, chaperones, board members, and any health personnel.

Emergency Contacts

Emergency Contact:_____ Home Phone_____ Cell_____

Emergency Contact:_____ Home Phone_____ Cell_____

Medical Information

Medical Information:_____

_____

Medications:_____

_____

Allergies:_____

_____

It is extremely important that you provide **ANY pertinent medical history or information about existing conditions that may affect your child at school**

PART I OR II MUST BE COMPLETED

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor_____ Phone_____

Dentist_____ Phone_____

Medical Specialist_____ Phone_____

Local Hospital/Emergency Room Phone_____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by above named doctors, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and 2) the transfer of the child to 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 prior to the performance of such surgery.

_____

Signature of Parent/Guardian Date

PART II: REFUSAL TO CONSENT

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 swim team authorities to take the following action:

_____

_____

_____

_____

_____

Signature of Parent/Guardian Date