



MEDICAL CONSENT FORM

ATHLETE'S NAME:

In the event an injury occurs during this team travel event, permission is granted to the coaching staff to provide needed First Aid treatment to such an injury. In the event an emergency situation arises, permission is also granted to the coaching staff to provide the needed emergency treatment to the athlete prior to his/her admission to a medical facility.

Permission is also granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunizations for the above-named athlete. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the coaching staff or the attending physician to contact me in the most expeditious way possible. If the coaching staff or physician is not able to communicate with me, the treatment necessary for the best interest of the above-named athlete may be given.

The coaching staff and swim team will not be responsible for medical expenses incurred as a result of injury. U.S.A. Swimming and the parents of the above-named athlete will assume financial responsibility for professional services rendered.

Parent's Signature:

Home Phone: _____ Work: _____ Cell: _____

Medical Insurance Co.:

Policy #: _____

Name of Family Physician: _____

Physician's Phone: _____

Emergency Contact (other than Parents): _____

Emergency Contact Phone: _____

Is your child allergic to any medications: Yes _____ No _____
If yes, explain:

*****Please provide a copy of insurance card both front and back with this form.**