SOUTH CAROLINA SWIMMING MEDICAL CONSENT FORM

ATHLETE: _____

In the event an injury occurs during a South Carolina Swimming event, permission is granted to the event staff to provide needed first aid treatment to such an injury. In the event an emergency situation arises, permission is also granted to the event 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 event staff or the attending physician to contact me in the most expeditious way possible. If the event 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 event 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: _____

Family Contact: _____ Phone: _____

Is your child allergic to any medications: _____ Yes _____ No

If yes, explain:

Please provide a copy of the insurance card with this form.