

TIDE SWIMMING Authorization to Treat a Minor

The minor whose name is listed below has my (our) permission to participate in the activities of TIDE SWIMMING. The undersigned agrees to hold TIDE SWIMMING, its officers, directors, agents, employees, and volunteers harmless from any claim for injury to the below-named minor arising out of or in any way connected with swim team activities.

I (we) the undersigned parent, parents or legal guardian of _____, a minor ("Minor"), do hereby authorize and consent to TIDE SWIMMING obtaining for Minor any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital or emergency care ("Medical Care") to be rendered to the Minor. It is understood that this authorization is given in advance of any specific Medical Care being required, except as expressly limited below, and is given to provide authority to render Medical Care which a physician, surgeon, or dentist in the exercise of his/her best judgment may deem advisable. It is understood that TIDE SWIMMING shall make reasonable efforts to contact the undersigned at the telephone numbers listed below prior to authorizing treatment of Minor, but that any of the above treatment will not be withheld if the undersigned cannot be reached, or in case of extreme emergency. It is further understood that I (we) the undersigned are responsible for all charges for the above mentioned Medical Care, and I (we) expressly hold TIDE SWIMMING harmless from and against any and all liability for said Medical Care and/or for any and all charges for said Medical Care.

Date _____ Limitations (if any) _____

Signature (Father, Mother, or Legal Guardian) _____

Address _____

THIS CONSENT SHALL REMAIN EFFECTIVE UNTIL MEMBERSHIP IS TERMINATED OR ON _____ (DATE), WHICHEVER IS SOONER.

MINOR'S MEDICAL INFORMATION

Birthdate _____ Last Tetanus Booster _____

Known Allergies to Drugs or Foods _____

Special Medications or Other Information _____

TELEPHONE NUMBERS

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Family Physician Name & Telephone _____

Insurance Company Name & Policy Number _____

EMERGENCY CONTACT (if father or mother cannot be reached)

Name (First & Last) _____ Relation to Minor _____

Phone (Home/Mobile) _____ (Work) _____