

Travel Consent/Emergency Medical Release Form

Please Print All Information, Except For Signatures

Meet Name: _____ Dates: _____

Swimmer Identification

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

List any medications and dosages that the swimmer will be taking during the trip.

- 1)
- 2)
- 3)

Does someone need to supervise the administration of the medication? Yes _____ No _____ N/A _____

List pre-existing medical conditions; e.g, Epilepsy, any **Allergies**, Asthma or other medical information about this swimmer that the Coaches/Chaperones should be aware of:

Medical Insurance Data

Company _____

Policy# _____

Name of Policy Holder: _____

Swimmer's Primary Care Physician:

Name: _____

Phone# _____

Person to contact in an Emergency

Name _____ Relationship to Swimmer _____

Telephone: Day (_____) _____ Evening (_____) _____

Cellular Phone: (_____) _____ Other (_____) _____

If the swimmer identified above becomes injured or otherwise needs emergency medical attention, I authorize Cougar Aquatics through the COUG Head Coach, Mr. Russ Whitaker, or his designee to obtain medical assistance. I authorize him or his designee to act for me, according to his or her best judgment and ability. This authorization covers all the time that the swimmer is under the supervision of COUG personnel.

Special Notes;

_____ Initial – I give permission for the COUG staff/Chaperones to transport my swimmer as necessary. I understand that it may not be possible to have a similar gender adult travel in the same vehicle at all times.

_____ Initial – I understand that this trip requires only the coach and my swimmer to travel together.

Parent or Guardian Name: _____

Signature: _____ Date: _____

_____ Initial – I will follow the USA Swimming Code of Conduct at all times while on travel as a representative of COUG>

Swimmer Signature: _____ Date: _____