

Swimmer (Last, First) \_\_\_\_\_ Birthdate \_\_\_\_\_

Allergies to drugs or food: \_\_\_\_\_

Special medications, conditions or other important medical information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Insurance: \_\_\_\_\_ Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_

\_\_\_\_\_ Phone Numbers \_\_\_\_\_

Father \_\_\_\_\_ Name \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Mother \_\_\_\_\_ Name \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

In case of emergency, if parents are unreachable, please call:

\_\_\_\_\_ Name \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_ Relationship \_\_\_\_\_

**PARENTS CONSENT FOR EMERGENCY MEDICAL TREATMENT**

We, the undersigned parents of \_\_\_\_\_ do hereby authorize CLASS AQUATICS or designee to act as agents for the undersigned to consent to any medical or surgical diagnosis or treatment for the hospital care deemed advisable by or administered by a duly licensed physician, in the event such help of any emergency nature becomes necessary. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. In no event will CLASS AQUATICS or designee be held liable for any first aid or surgical treatment or procedures performed pursuant to this consent. This consent applies to all youth activities sponsored by CLASS AQUATICS. This consent may be revoked at any time by giving written notice to CLASS AQUATICS.

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zipcode \_\_\_\_\_