

**LAKE SHORE SWIM CLUB  
EMERGENCY MEDICAL AUTHORIZATION**

<hr/> <hr/> Swimmer's Name (Last Name, First Name, Middle Initial)	<hr/> <hr/> Date of Birth	<hr/> <hr/> Age
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<hr/> <hr/> Home Phone Number	<hr/> <hr/> E-Mail Address of Family	
<hr/> <hr/> Street Address	<hr/> <hr/> City and State	<hr/> <hr/> Zip Code
<hr/> <hr/> Mother's Name	<hr/> <hr/> Work Phone #	<hr/> <hr/> Cell Phone #
<hr/> <hr/> Father's Name	<hr/> <hr/> Work Phone #	<hr/> <hr/> Cell Phone #
<hr/> <hr/> Emergency Contact	<hr/> <hr/> Relationship	<hr/> <hr/> Phone #

I hereby give consent to authorize emergency treatment by the following medical care providers and local hospital in the event my child should become ill or injured while at a swimming function:

Doctor	Phone # (    )
Dentist	Phone # (    )
Medical Specialist	Phone # (    )
Preferred Hospital	Phone # (    )

Physical impairments / allergies / medications (please list individual children separately):

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In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by the above-mentioned doctor, or in the event the designated preferred practitioner is not available, by another licensed physical or dentist and,
2. The transfer of my child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for each surgery are obtained prior to the performance of such surgery.

**RELEASE FORM**

I hereby waive all claims for injury or liability of any kind for the above-mentioned swimmer(s) and, in the case of an accident or injury in any way resulting, directly or indirectly from participation in such programs, hold blameless from any liability the Lake Shore Swim Club, its officers, coaches, or any other persons in any way connected or associated with this program. Furthermore, in case of emergency medical attention that may be necessary, I authorize the adult coaches to act on my behalf according to their best judgment and ability.

**Signature of Parent / Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_