

EMERGENCY MEDICAL AUTHORIZATION FORM

SWIMMER'S NAME: _____
HOME ADDRESS: _____

CONTACT NUMBERS:
HOME _____
MOTHER'S CELL PHONE NO _____
MOTHER'S WORK PHONE NO _____
FATHER'S CELL PHONE NO _____
FATHER'S WORK PHONE NO _____

PURPOSE: To enable parents to authorize emergency treatment for children who become ill or injured while under the swim team's authority, when parents cannot be reached

PART I OR II MUST BE COMPLETED

PART I – TO GRANT CONSENT

In the event reasonable attempts to contact me at _____ (phone #) or _____ (other parent) at _____ (phone #) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) at _____ (phone no.) or Dr. _____ (preferred Dentist) at _____ (phone no.) or, in the event the designated preferred practioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any other hospital reasonably accessible.

IN CASE OF AN EMERGENCY, IF UNABLE TO CONTACT A PARENT/GUARDIAN, CALL:

_____ (Name) _____ (Relationship) _____ (Number)

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed. Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

DATE: _____ SIGNATURE OF PARENT OR GUARDIAN: _____

PART II – REFUSAL TO CONSENT

I do **NOT** give my consent for emergency medical treatment of my child. In the event of injury requiring emergency treatment, I wish the swim team authorities to take no action or to do the following: _____

DATE: _____ SIGNATURE OF PARENT OR GUARDIAN: _____