

Waukesha Express Swim Team

Emergency Medical Authorization Form

Swimmer Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Allergies (Please list all): _____

Parent or Guardian

Mother's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Phone number that you can be reached during practice times: _____

Father's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Phone number that you can be reached during practice times: _____

Part 1

I hereby give consent for the following medical care providers to be called:

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Any other medical specialists: _____ Phone: _____

Preferred Hospital: _____

Insurance Carrier: _____ Policy Number: _____

Part 2

Emergency Contact Information

If a parent can not be reached please list at least one alternate emergency contact.

Name: _____ Phone: _____

Part 3

If your swimmer requires any medication during practices, when you are not present, you must complete this section of the form and turn in all medication to pool office.

Name of Medication: _____

Dosage to be administered: _____

Time Interval for medication to be administered: _____

Special Instructions: _____

Part 4

Please circle the correct answer. Information will remain confidential.

Waukesha Express Swim Team

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- Yes No 1) Has this athlete ever had hospitalization, surgery, injury, or serious medical illness?
Yes No 2) Is this athlete now under the care of a physician or taking any medication?
Yes No 3) Has any physician ever recommended or do you feel there should be limits placed on participation in competitive sports?
Yes No 4) Does this athlete have any known allergy to medication?
Yes No 5) Does this athlete wear glasses or contact lenses? Date of last eye exam? _____
Yes No 6) Has this athlete ever blacked out or lost consciousness during physical activity?

If yes to above, please specify in the space provided or on the back:

I hereby request and give consent that the medication listed above be administered by the Waukesha Express Swim Team staff. I further agree that if any information on the above statement changes that I will immediately notify the Waukesha Express Swim Team and provide an updated Emergency Medical Authorization Form.

In the event that reasonable attempts to contact me have been successful, I hereby give my consent for the administration of treatment deemed necessary by the above name doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and I authorize transfer of the swimmer to local hospital if deemed necessary by providing staff member.

Date _____ Signature of parent/guardian _____