MONTEVIDEO SWIM TEAM
Medical Release Form
(One form per swimmer)

Authorization to consent to emergency treatment of a Minor

I/We, the undersigned, parent(s) of _____, a Minor, do hereby authorize Montevideo Swim Team as agent for the undersigned to consent to any emergency X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by; and is rendered under the general supervision of any licensed physician and surgeon when parent or guardian cannot be immediately contacted.
It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our agent to give specific consent to any and all such emergency diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her judgment may deem advisable.

PLEASE COMPLETE FOR YOUR CHILD'S PROTECTION

ALLERGIES AND SENSITIVITIES: Is there a history of skin or other untoward reaction or sickness following injection or oral administration of:

a.	Penicillin or other antibiotics	YES	NO
b.	Morphine, Codeine, Demerol or narcotics	YES	NO
c.	Novocain or other anesthetics	YES	NO
d.	Aspirin, Emperin or other pain remedies	YES	NO
e.	Sulfa drugs	YES	NO
f.	Tetanus antitoxin or other serums	YES	NO
g.	Adhesive tape	YES	NO
h.	Iodine or merthiolate	YES	NO
i.	Any other drug or medication	YES	NO
j.	Any foods such as egg, milk, nuts etc	YES	NO

DRUGS TAKEN RECENTLY: Within the last 6 months has your child taken:

a.	Cortisone	YES	NO
b.	ACTH	YES	NO
c.	Anticoagulants	YES	NO
d.	Tranquilizers	YES	NO
e.	Antihypertensives	YES	NO

Has your child ever received treatment for asthma, rheumatism or rheumatic fever? YES NO

Father/Guardian_____ PHONE: Home_____ Cell: _____
Work_____

Mother/Guardian_____ Home_____ Cell: _____

Work _____

Emergency Contact_____ Phone _____

Physician_____ Phone _____

Dentist_____ Phone _____

Medical Insurance_____ Phone _____

Policy #_____

Signature_____ **Date**_____