

BOCA RATON SWIM TEAM
Medical Form and Consent to Urgent Medical Treatment

Swimmer's Name _____ Date of birth _____ Age _____

Home address:

Street _____ City _____ State/Zip _____

Name(s) of Legal Parent(s) or Legal Guardian(s)

Primary Telephone (Father / Guardian) _____

Primary Telephone (Mother / Guardian) _____

Emergency Contact (Other than parents) _____ Telephone # _____

Past Illnesses _____

Current Medications _____

(Please send specific instructions with your child's medication.)

Allergies _____

Allergies to Medications _____

Date of Last Tetanus Booster _____

Please check if you authorize employees of Boca Raton Swim Team to dispense over the counter medication, such as for: colds, headaches, upset stomach, fever, sore throat, or any allergy related symptoms to your child as needed.

Medical Insurance Company Name _____

Policy Number: _____ Group Number: _____

Name of Child's Physician _____

Physician's telephone number _____

AUTHORIZATION FOR TREATMENT

If in the opinion of a properly licensed and practicing physician, (my/our) (son/daughter) needs medical or surgical services which require (my/our) authorization or consent before being supplied, (I/We) hereby authorize, appoint, and empower BOCA RATON SWIM TEAM, to act as (my/our) agent to furnish on (my/our) behalf such oral or written authorization as may be so required, and (I/We) release BOCA RATON AQUATICS INC and BOCA RATON SWIM TEAM ") and the members of its board of directors, officers, employees, volunteers, other participants, and agents the CITY of BOCA RATON, BOCA RATON COMMUNITY HIGH SCHOOL and the SCHOOL BOARD of PALM BEACH from any liability which may arise from the giving by it of such authorization, it being (my/our) desire that (my/our) (son/daughter) be furnished with such medical or surgical services as soon as reasonably possible after the need arises. The undersigned agree(s) to pay for all medical expenses or other charges incurred on behalf of my/our child(ren).

Parent(s) / Guardian(s) Signature(s) Date:

Signature

Date

Signature

Date