**Travel Consent/Emergency Medical Release Form**

**Please Print All Information, Except For Signatures**

**Meet Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Swimmer Identification**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_

List any medications and dosages that the swimmer will be taking during the trip.

1)

2)

3)

Does someone need to supervise the administration of the medication? Yes\_\_\_\_ No\_\_\_\_ N/A\_\_\_

List pre-existing medical conditions; e,g, Epilepsy, any **Allergies,** Asthma or other medical information about this swimmer that the Coaches/Chaperones should be aware of:

**Medical Insurance Data**

Company**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Policy#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Policy Holder:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Swimmer’s Primary Care Physician:**

Name:\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Phone#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Person to contact in an Emergency**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Swimmer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Day (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellular Phone: ( \_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other ( \_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the swimmer identified above becomes injured or otherwise needs emergency medical attention, I authorize Tri-City Channel Cats Swim Club through the TCCC Head Coach, Mr. Todd Stafek, or his designeeto obtain medical assistance. I authorize him or his designee to act for me, according to his or her best judgment and ability. This authorization covers all the time that the swimmer is under the supervision of TCCC personnel.

**Special Notes;**

\_\_\_\_\_ Initial – I give permission for the TCCC staff/Chaperones to transport my swimmer as necessary. I understand that it may not be possible to have a similar gender adult travel in the same vehicle at all times.

\_\_\_\_\_ Initial – I understand that this trip requires only the coach and my swimmer to travel together.

Parent or Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Initial – I will follow the USA Swimming Code of Conduct at all times while on travel as a representative of TCCC.

Swimmer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAAPP Travel Consent

I,                                                          , legal guardian of                                                       , a minor athlete, give express written permission, and grant an exception to the Minor Athlete Abuse Prevention Policy for                                                         (minor athlete), to stay in the same hotel room of, or share a sleeping arrangement or other overnight lodging location

with                                                    (unrelated adult athlete) at                                                 \_      (location of hotel room or other overnight lodging location) from                              to                                 (dates of applicable rooming arrangement). I further acknowledge that this written permission is valid only for the dates and location specified herein.

Legal Guardian Signature:

Date: