

Authorization to Consent to Emergency Treatment of Minor

I/We, the undersigned parent(s)/legal guardian(s) of _____
USA Swimming Registration # _____, a minor do hereby
authorize Utah Swimming Team Head Coach, Team Managers, and Coaching staff as agents for
the undersigned to act on my behalf to consent to an emergency transport, x-ray examination,
anesthetic, medical or surgical diagnosis or treatment and hospital care which is advisable, and
is to be rendered under the general supervision of any licensed physician and surgeon when the
parent or legal guardian cannot be immediately contacted. I/we grant permission to the
physician and/or appropriate medical personnel to attend to my child. In addition, I/we grant
permission for the physician/Utah Zone Team staff to release and receive medical information
pertaining to the necessary treatment of my child. This information may be transmitted via
telephone, personal interview, electronic mail, postal service, fax or other form of media not
listed here. 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 the 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 best judgment may
deem advisable. **This permission will be in effect August 5-10, 2014.**

Printed Name of Parent/Guardian

Signature

Date

Parents' Permission/Acknowledgement of Risk for Athletic Participation

As the parent(s)/legal guardian(s) of the above named student-athlete, I/we give consent for
his/her participation in Utah Swimming's program and athletic events. I know that the risk of
injury to my child comes with the participation in sports and during travel to and from meets.
I/we have had the opportunity to understand the risk of injury during participation in sports
through meetings, written information, or by some other means. My/our signature(s) below
indicates that to the best of my/our knowledge, my/our answers to the above questions are
complete and correct.

Printed Name of Parent/Guardian

Signature

Date