

## **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