



Emergency Medical Authorization Form

Please list all swimmers in family one same form

Please print/type clearly in blue or black ink.

Swimmer's Name		Date of Birth
Emergency contact	Relationship	Phone number
Physician's Name		Phone Number
Dentist's Name		Phone Number

In the event that reasonable attempts to reach me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctor or dentist, or in the event the designated preferred practitioner is not available, by another physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not include major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Please write on the back any facts concerning your child's medical history including allergies, medications and any relevant problems to which a physician should be alerted.

Parent's/guardian's signature

Date

I hereby agree that the Clinton Hills Swim Club, its coaches, members, and board shall not be liable for any injury or loss that my child or children may sustain while participating in activities of any kind whether sponsored by or under the supervision of Clinton Hills Swim Team. I agree to indemnify and hold harmless Clinton Hills Swim Club and its members, coaches, and board or designates of any kind from any claim whatsoever.

Parent's/guardian's signature

Date