

EMERGENCY MEDICAL INFORMATION

Swimmer's Name

Physical Limitations, Health
Problems or Special Medications

Family Physician _____ Phone _____

Dentist Name _____ Phone _____

In case of emergency, and if possible, I prefer my child to be taken to
_____ Hospital.



CONSENT FOR MEDICAL TREATMENT OF MINOR CHILD

I, _____, do hereby state that I am
the parent or legal guardian and have legal custody of (Please fill in the
blank with Name & DOB) _____,
_____, and _____.

I do authorize the Coach and any duly authorized representative of the Melrose Swim Team as agent(s) for the undersigned to consent to any x-ray, examination, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed by the State of Arizona, when the need for such treatment is immediate and when efforts to contact me are unsuccessful. In case of illness or accident as described above, I agree to be responsible for the costs of such services rendered, where not covered by the Melrose Recreation Club's insurance policy.

Signed _____ Date _____