MEDICAL FORM

Salina Aquatics Club

Authorization/consent for Medical Treatment

(Please Complete One Form per Swimmer)

Swimmer's Name ___________________________ Age _______ Birth date _________

Address _________________________________ City _______________ State _KS__ Zip __________

Father Name_____________________ Mother's Name ___________________________

Home Phone _________________ Home Phone ______________

Father's Cell _______________________ Mother's Cell ___________________________

Person to notify in an emergency

Name ____________________________ Relationship_______________ Phone _________________

Physician ______________________________ Phone _____________________

Medications currently being taken and reason ____

Known allergies ____

Previous Hospitalizations, surgeries, injuries or serious illness _______________________________________

____

Does swimmer wear contacts/glasses? _________________

Has any physician ever recommended that there should be any limits placed on participation in competitive sports?

____

Please list any other useful information or health concerns:____

____

Insurance Carrier/Group ____

The above named child has our permission and consent to travel with Salina Aquatics Club swim coach(es) and/or any official chaperones. In the event of illness or injury to said child while traveling to or from or while participating in any such swim meet and after an attempt has been made to reach the parents or guardian of the child informing them of such illness or injury, the Salina Aquatics Club swim coach(es) and/or designated representative(s) is/are authorized to contract for and to authorize the treatment by a medical doctor for said child. In consideration of said child being permitted to travel with said party, and further consideration of the coaches and/or any official chaperones accompanying the team, we do hereby release and agree to hold harmless, the Salina Aquatics Club, the coaches and official chaperones from any and all claims and liability, costs and expenses arising out of or resulting from the procurement of medical treatment for said child as aforementioned.

This release also includes practices and Salina Aquatics Club swim team sponsored activities in which parents are absent, should a medical emergency arise.

Consent for medical treatment: As the parent or legal guardian of the above-named swimmer, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Name of Parent/Guardian (please print) __________________________________

Signature of Parent/Guardian____ Date _______________

Date ________ Initials ____ Date ________ Initials ____ Date ________ Initials ____

Date ________ Initials ____ Date ________ Initials ____ Date ________ Initials ____

Date ________ Initials ____ Date ________ Initials ____ Date ________ Initials ____

Date ________ Initials ____ Date ________ Initials ____ Date ________ Initials ____

Notary Public

Subscribed and Sworn to me this: ___Day of _____________ 20____

Signature ____

My Commission Expires ________________________________