

Emergency Release Form

Family Last Name _____

Parent (1) _____ Phone (H) _____ (C) _____ (W) _____

Parent (2) _____ Phone (H) _____ (C) _____ (W) _____

Other Contact _____ Phone (H) _____ (C) _____ (W) _____

Swimmer/Diver Name	Preferred Physician	Phone	Preferred Dentist	Phone	Specialist	Phone	Preferred Hospital	Medications/Conditions

Purpose: To enable parents to authorize emergency treatment for children who become ill or injured while under the club authority, when parents cannot be reached.

Part I or Part II MUST BE COMPLETED

Part I – To Grant Consent

If attempts to reach either parent or other contact have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the above listed doctor, dentist, or specialist, and (2) the transfer of the child to the above listed hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained before surgery is performed.

Signature of Parent _____

Date _____

Part II – Refusal to Consent

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish no action be taken or to:

Signature of Parent _____

Date _____