

PRF DOLPHINS SWIM TEAM
Emergency Medical Authorization

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for child(ren) who become ill or injured while under PRF Dolphins Swim Team authority, when parents/guardians cannot be reached. (NOTE: Pleasant Run Farms Civic Association/Swim Club not held responsible). This is authorization ONLY to treat for illness or injuries during practices/meets.

Child's Name _____ Birthdate _____ Age _____

Child's Name _____ Birthdate _____ Age _____

Mother's Name _____ Father's Name _____

Address _____ City _____ ST _____ Zip Code _____

Phone Number _____ Cell (M) _____ (F) _____

In Case of Emergency:
Relative/Neighbor: _____ Phone Number _____

PART I OR II MUST BE COMPLETED

In the event reasonable attempt to contact the parent/guardian at the above phone numbers have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by the following physician or dentist or in the event the designated preferred practitioner is not available by another licensed physician or dentist; and 2) the transfer of the child to the hospital listed below or any hospital reasonably accessible.

Preferred Physician: _____ Phone Number _____

Preferred Hospital: _____ Phone Number _____

Preferred Dentist: _____ Phone Number _____

This authorization does not cover major surgery unless the medical opinion of two other licensed physicians, agreeing in the need for such surgery, is received prior to the performance of such surgery.

Facts concerning child(ren) medical history including allergies, medications being taken, and any physical impairment to which a physician should be alerted: _____

Signature of Parent/Guardian _____ Date _____

If you wish PRF Dolphins Swim Team to take no emergency medical action, do not sign above portion. Fill out Part II below.

PART II – REFUSAL TO CONSENT

I do not give my consent for emergency medical treatment of my child(ren). In the event of illness or injury requiring emergency treatment, I wish the PRF Dolphins Swim Team to take no action or to: _____

Signature of Parent/Guardian _____ Date _____