

PLEASANT HILL SWIM CLUB
EMERGENCY MEDICAL AUTHORIZATION

CHILD'S LAST NAME: _____ FIRST NAME: _____

ADDITIONAL CHILDREN: _____

INSTRUCTIONS TO MOTHER, FATHER, OR LEGAL GUARDIAN. You are to complete either Part I or Part II of this form and return it to Pleasant Hill Swim Club immediately.

PURPOSE: To enable the parents or guardian to authorize the provision of emergency treatment for children who become ill or injured while at the pool, when parents or guardians cannot be reached.

PART I GRANT TO CONSENT

I do hereby give my consent to have authorized pool personnel call the rescue squad before notifying me of my child's injury.

YES NO (Circle one)

In the event reasonable attempts to contact me at _____ (phone) or _____ (parent/guardian) at _____ (phone) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred 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 _____ (hospital) or any hospital reasonably accessible.

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This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are as follows:

DATE: _____ SIGNATURE OF PARENT/GUARDIAN: _____
ADDRESS: _____

PART II REFUSAL TO CONSENT

(DO NOT COMPLETE IF YOU COMPLETED PART I)

I do not give consent for emergency medical treatment of my child. In the event of an illness or injury requiring emergency treatment, I wish the pool authorities to take no action or to: _____

DATE: _____ SIGNATURE OF PARENT/GUARDIAN: _____