

AUTHORIZATION FOR MEDICAL SERVICES

I hereby give consent for Southeastern Swimming to provide me with medical care and treatment and emergency medical services associated with participation and competition. Additionally, I hereby agree that, in the event that I elect to obtain any of these services or treatments from any sources other than that provided or approved by Southeastern Swimming, I shall accept full and complete responsibility. I further authorize the release of any medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while I am participating as a member of the Southeastern Swimming delegation at this competition.

Participant's Signature

Date

Team Name

If applicant is under Age of Minority in his/her home state, the parent(s) or guardian(s) must execute the following waiver in addition to the above.

This is to certify on this date I, as a parent/guardian of _____, give my consent to Southeastern Swimming and its medical representatives to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned athlete for injury that could arise from activities in this competition.

Parent/Guardian Signature

Relationship

Parent/Guardian Name (Please Print)

Date

Please list all known allergies and other conditions that the coaching staff should be made aware of.

Occasionally a swimmer may request Tylenol or Advil for headaches, etc. Please list which one the staff may give your swimmer and the dosage that you would give them. If the swimmer may not take either, please list this information, also.

INSURANCE INFORMATION (Please include Name of insured, Company, and Numbers)

EMERGENCY CONTACT

Name

Number(include Area Code)

Relation
