

Athens Swim Team

Medical and Surgical Authorization

Swimmer's Name _____ Birth date: _____

Swimmer's Name _____ Birth date: _____

Swimmer's Physician _____ Phone#: _____

Parent/Guardian Telephone #s _____ Cell # _____

In Case of Emergency notify _____ Phone#: _____

Relationship to Child _____

If above cannot be reached, notify _____ Phone# _____

Relationship to Child _____

Any notable health problems (e.g. asthma, allergies (bee sting), etc); Yes _____ No _____

If yes, explain: _____

Is there any health history that may help should this swimmer become sick (medication)?

I hereby authorize medical or surgical treatment of _____

In case of any emergency, illness, or accident, I accept all responsibility and liability for any occurrence during his/her participation while with the Athens Swim Team.

Parent or Legal Guardian

Date