

LOGAN DUCKS
EMERGENCY MEDICAL AUTHORIZATION FORM
PLEASE PRINT INFORMATION

Swimmer's Name _____ Birth date _____

Age as of June 1st _____

Parents/Guardian _____

Address _____ City _____ Zip Code _____

Father Work Phone _____ Cell Phone _____

Mother Work Phone _____ Cell Phone _____

*Email Address: _____

In an emergency or injury, if parents/guardians cannot be contacted:

Notify _____ Phone _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Allergies, medications being taken, physical impairments, etc. of which physicians should know:

1. I hereby give my consent permitting personnel to apply first aid treatment to my child until family physician can be contacted. **YES** _____ **NO** _____

2. In the event designated physician is not available, I hereby give my consent to personnel to secure another physician. **YES** _____ **NO** _____

3. I hereby give my consent to personnel to secure ambulance service and transfer my child to _____ (preferred hospital) or any hospital reasonably accessible. **YES** _____ **NO** _____

NOTE: This authorization DOES NOT cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery.

DATE

SIGNATURE OF PARENT/GUARDIAN