2013 Cheverly Swim Team Emergency Medical Information and Authorization

Parent/Guardian of a minor: In the event of an emergency, your child will be transported to the nearest emergency room. Doctors need to secure permission from a parent/guardian before any medical treatment can be given, except in life-threatening situations. Since it is not always possible for a doctor to reach a parent/guardian in a timely fashion, please complete the authorization below and return it to so that appropriate medical care will not be delayed in the event of an emergency.

Swimmer's Last Name	First Name	Middle initial

EMERGENCY CONTACT INFORMATION:

Name/Relationship		Phone number w/ area code
Name of Medical Insurance Company		Phone number w/ area code
Name of policy holder	Policy Number	Group/Plan number
Pediatrician's Name		Phone number w/ area code

Does your swimmer have any medical conditions that might cause problems during vigorous physical exercise or exposure to heat or cold, or conditions that might require special care by the coaching staff? If yes, describe.

Does your swimmer have any other medical conditions that might cause loss of consciousness (e.g., seizures, fainting, etc.)? If yes, describe.

Is your swimmer allergic to any medications? Other allergies? If yes, describe.

Does your swimmer take any medications or supplements on a regular basis? If yes, describe.

In the event of a medical emergency, I hereby give permission for all necessary medical attention to be administered to my child, _____. I agree to pay all expenses associated with medical care and transportation of my child.

Signature of Parent/Guardian	Date

Please print, complete, sign and send to: CSR, ATTN: Swim Team, 5600 Euclid St., Cheverly, MD 20785. You can also drop off at the front desk.