

Antigo Penguins Swim Club
Medical Authorization and Release form

NAME OF SWIMMER _____ AGE: _____ GENDER: _____

AUTHORIZATION AND RELEASE IN CASE OF EMERGENCY

I hereby authorize the individuals listed below to act for me, and in my behalf, according to their best judgment in any emergency requiring medical attention to be administered to my child, until such time as I may be contacted. USA Swimming, Inc. (USA-S), Antigo Penguins Swim Club (APSC), such individuals and anyone relying upon this authorization is hereby released from any liability to me or my child from decisions made by such individuals pursuant to this authorization and release. This release and authorization is effective until revoked by me in a written document delivered to the affected persons. I hereby assume full responsibility for payment of any medical treatment or related services incurred in connection with such emergency. If my child is injured while participating, I and my child agree to waive any legal claim against USA-S, APSC, coaches and volunteer personnel.

GOOD HEALTH REPRESENTATION

() I represent and agree that my child is in good health and physical condition. I am unaware of any disease or injury that could result in his/her health being jeopardized during swim club activities.

() I have below indicated any special health, medical or physical conditions, including any required medication (and schedule thereof), of my child which should be known by the APSC coaches and board. (If your child suffers from a serious or life-threatening illness, please expand on the back of this page.)

Allergies: _____

Medical Concerns: _____

Medication (even if swimmer takes on own): _____

Please provide specific medication and dosage information. If swimmer takes his/her own medication we MUST know what medications they are taking and how often.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Signature _____ Date: _____

Address: _____

Phone Home: _____ Cell: _____

Swimmer's Physician: _____ Phone: _____

Swimmers Health Insurance Company(ies) and Policy # _____