

**JASPER COUNTY KILLER WHALES
AUTHORIZATION/CONSENT FOR MEDICAL TREATMENT**

Participant's Name: _____ Age: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent's Name(s): _____ Home Phone: _____

Father's Work # _____ Cell # _____

Mother's Work # _____ Cell # _____

Other emergency contact: _____ Phone: _____

Physician: _____ Phone: _____

Hospital Preference: _____

Medication currently being taken and reason: _____

Known allergies: _____

Does swimmer wear contacts/glasses: _____

Has any physician ever recommended that there should be any limits placed on participation in competitive sports? _____

Reason: _____

Please list any other useful information or health concerns: _____

Insurance Carrier/Group: _____

Insurance card number: _____

SIGN ONE OF THE FOLLOWING:

➤ I certify that, to the best of my knowledge and belief, the above named swimmer is in good physical condition and has no condition which would impair participation in the program. In the event of illness or injury to said child while traveling to or from or while participation in any such meet, practice or Jasper County Killer Whales team activities and after an attempt has been made to reach the parents or guardian of the child informing them of such illness or injury, the Jasper County Killer Whales coach(es) and/or designated representative(s) is/are authorized to act on my behalf in seeking medical treatment from any licensed physician, hospital or clinic for my child in the event that such treatment is deemed necessary. I give permission to those administering medical treatment to do so using methods deemed necessary. I, the undersigned, do hereby release, forever discharge and agree to hold harmless, the Jasper County Killer Whales Swim Team, the Coaches, Jasper County Killer Whales Board, R-7 School District and its entirety thereof from any and all liability, claims or demand for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant while acting on my behalf in this regard.

Parent/Guardian signature

Date

➤ I have read this form and do **NOT** release authorization/consent for medical treatment. I, the undersigned, do hereby release, forever discharge and agree to hold harmless, the Jasper County Killer Whales Swim Team, the Coaches, Jasper County Killer Whales Board, R-7 School District and its entirety thereof from any and all liability, claims or demand for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant.

Parent/Guardian signature

Date