

PARENT NAME: _____

PHONE: _____

**2007-2008 EMERGENCY INFORMATION
AND MEDICAL AUTHORIZATION
Fort Collins Area Swim Team**

Emergency Information:

Swimmer's Name _____

Physician _____ Address _____

Phone _____ Insurance Co. _____ Group # _____

Does the athlete take medication? _____ If yes, list type _____

Does the athlete have allergies? _____ If yes, list type _____

Does the athlete have other medical conditions? _____ If yes, describe: _____

Emergency contact (other than parent) _____ Phone _____

Medical Authorization

I, _____, (parent/guardian) in the event of an accident, injury, or serious illness to the above athlete, do voluntarily consent to and authorize the Fort Collins Area Swim Team to secure medical aid at a center selected by FAST (which may include routine diagnostic procedures, medical and/or surgical treatment including injection, anesthesia, or transportation to a medical facility).

I understand that an effort will be made to contact the individual(s) listed above before any action is taken. I understand that my athlete's membership in United States Swimming provides some insurance coverage and that I am responsible for medical costs in excess of this coverage. I understand that FAST does not guarantee the results of any medical treatment and will have any or all examinations or treatments done by licensed persons or facilities.

BY MY SIGNATURE, I AUTHORIZE AND GIVE MY PERMISSION FOR MEDICAL TREATMENT OF MY ATHLETE.

Signature: _____ **Date:** _____