Authorization to Consent to Treatment of a Minor
Trip Dates (_____-_____)

I (we), _____, the undersigned parent(s)/legal guardian(s) of _____ , a minor, do hereby authorize the Fort Collins Area Swim Team coaching staff and the following coaches or chaperones, _____, _____, and _____ as my (our) agents, to act in my (our) place, to consent to any necessary and appropriate x-ray examination, anesthesia, medical or surgical evaluation or treatment, or diagnosis or care which is deemed advisable by and rendered under, the general or special supervision and on the advice of any physician licensed to practice in the state in which treatment is sought. This authorization includes hospital admission if such is deemed necessary by the physician.

This Authorization will begin on _____and expire on _____, unless I revoke it earlier.

I (we) understand that reasonable attempts will be made to contact me (us), time and conditions permitting.

I impose no specific limitations or prohibitions regarding treatment other than the following (if none, please state):

_____

_____

MY SWIMMER IS TAKING THE FOLLOWING PRESCRIBED MEDICATION ON THIS SCHEDULE: (IF NONE, THEN SO STATE.)

_____

_____

_____

Permission to room with and 18 year old athlete
Trip Dates (_____-_____)

I permit my 18 and under athlete to room with an 18 and over athlete, who has completed the USA Swimming Athlete protection course. I understand that I can notify the coaching staff at any time should I feel a roomate change is necessary.

	Initial

_____ _____

Signature of Parent and/or Legal Guardian Date

_____ _____

Signature of Parent and/or Legal Guardian Date