



Contact Information

Member Name (Last, First): _____

Address _____ Home Phone: _____

E-mail: _____ Cell Phone: _____

Spouse Name (if Couple or Family): _____

Spouse E-mail: _____ Spouse Cell Phone: _____

Other Parent Name and Phone (if different from above): _____

Children's names and birth dates: _____

Emergency Medical Authorization

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under pool authority if parents or guardians cannot be reached.

Part I - To Grant consent

Preferred Physician: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Preferred Hospital: _____ ER Phone: _____

In the event reasonable attempts to contact me at the phone numbers listed above have been unsuccessful, I hereby give my consent for: (1) The administration of any treatment deemed necessary by preferred physician or preferred dentist, or in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to preferred hospital.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken and any physical impairment to which a physician should be alerted (note and continue on other side if needed):

_____ Date

_____ Signature of parent or guardian

Part II - Refusal to Consent

(Do not Complete Part II if you completed Part I)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the pool to take no action or to:

_____ Date

_____ Signature of parent or guardian