

SwimStrongsville Medical Emergency Form

Please return to SwimStrongsville along with your registration, signature and contact, volunteer form and payment.

Swimmer's Name _____
Last Name First Name M.I.

Physician's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Relative/Friend's Name _____ Phone Number _____

In the event reasonable attempts to contact me at _____ OR _____
Phone Number Other Parent/Guardian

at _____ have been unsuccessful, I hereby give my consent for:
Phone Number

(1) The administration of any treatment deemed necessary by Dr. _____
Preferred Physician
or Dr. _____, or, in the event the designated preferred practitioner is
Preferred Dentist
not available, by another licensed physician or dentist; and

(2) the transfer of the child to _____ or any hospital reasonably
Preferred Hospital
accessible.

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 impairments and/or social/emotional health concerns to which a physician should be alerted:

Signature of Parent or Guardian

Date

Please return completed form to: SwimStrongsville PO Box 360524 Strongsville, OH 44136