

Terrapin Swim Team—Medical Card

Parent(s) Name _____
Home Phone _____
Work Phone _____
Address City Zip _____

I/We the undersigned, certify that I/we, am/are the parents or guardians of the above named child, that he/she is in good physical condition and I/we give my/our permission for him/her to participate in the Terrapins Swim Team program. I/We agree to assume full responsibility for any injuries incurred by him/her in connection with such participation. I/We further authorize the Terrapin Swim Team to call the family physician listed below in case of an emergency and request that I/We be contacted. If I/ we am/are unable to be reached I/we hereby authorize the Physician or hospital to whom my/our child is taken to perform all medical services or to have such medical services performed which in the opinion for the Physician or hospital are reasonable necessary to the care of my/our minor child.

Authorization to Consent to Treatment of Minor

I/We the undersigned, parents of _____
a minor, do hereby authorize Doctor _____
or Terrapin Swim Team Coach or _____
as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the above named minor
under the general or special supervision and upon the advice of a physician and or surgeon
licensed under the provisions of the Medical Practice Act or to consent to an x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the above named minor by a dentist licensed under the provisions for the Dental Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I/We hereby authorize any hospital which has provided treatment of the above named minor pursuant to the provisions of section 25.8 of the Civil Code of California to surrender physical custody of such minor to my/our above named agents upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

Date _____ Parent / Legal Guardian

Date _____ Parent / Legal Guardian

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Name: _____

Swimmer's Birth Date: ____/____/____

Last Tet Tox : _____

Family Doctor: _____ Phone: (____) _____

Nearest Relative: _____ Phone: (____) _____

Medical Insurance Co: _____ Policy #:

Allergies (please list all allergies-including bee stings and allergies to medications):

Seizure: Has your swimmer ever had a seizure? Yes / No
If yes please alert us to what we need to be aware of:

Diabetic: Please list details if diabetic and course of action if emergency relative to this condition occurs:

Other Medical Conditions: Please list any other medical conditions that the staff and EMS personnel should be aware of:

Medications: Is your swimmer taking any medications—please list medication and purpose of medication:

Waiver of Medical Care Beyond First Aid: If your religious beliefs preclude you from authorizing medical care beyond first aid in the event of an emergency please include a separate waiver notarized by both parents / legal guardians.