

Chinook Aquatic Club

Consent to medical care and treatment

Only a parent or legal guardian may give this authorization

If your child needs emergency treatment and is under the age of 18, hospitals are required by law to reach you for authorization to medically treat your child, except in the case of truly life threatening problems.

If you are not available to sign the consent, and all attempts have been made to reach you and you cannot be reached within a reasonable period of time, you can insure emergency treatment for your child by using this CONSENT TO MEDICAL CARE AND TREATMENT form.

I _____, hereby authorize all diagnostic, medical, surgical, and hospital
(Print name of parent or legal guardian)
procedures as may be performed or prescribed by a treating physician for _____
(Print full legal name of swimmer)
if I cannot be reached in case of any emergency.

X _____
(Signature of parent or legal guardian) (Date Signed)

Please complete the following information:

Swimmer's Address: _____

Swimmer's Home Phone #: _____

Parent's Home Phone #: _____
Father's Home # Mother's Home #

Parent's Names: _____
Father's Name Mother's Name

Parent's Work Phone #: _____
Father's Work # Mother's Work #

Parent's Cell Phone #s _____
Father's Cell # Mother's Cell #

Email address of swimmer: _____

Email address of Mother: _____

Email address of Father: _____

Emergency Contact:
(Name, Relation to Swimmer, and Phone #) _____

**PLEASE COMPLETE THE HEALTH HISTORY
INFORMATION ON THE BACK OF THIS SHEET**

**Important: THIS FORM MUST BE COMPLETED AND GIVEN TO THE COACH BEFORE THE SWIMMER
MAY ENTER THE WATER. NO EXCEPTIONS!**

This information is kept by your swimmer's coach at the pool where they are swimming and taken to swim meets. You are not required to fill out the health history but Chinook recommends you complete it in case your child does need emergency medical attention and you cannot be reached. It is also very helpful that your child's coach knows of any medical problem that may affect your swimmer so he/she is better informed in case an emergency does arise.

Swimmer's Full Legal Name: _____

Birth Date: _____ Sex: Male _____ Female _____

Medical Coverage: Name of Insurance Company: _____

Insurance Company Phone #: _____

Subscriber's Full Name – Person with the coverage: _____

Subscriber's Social Security #: _____ Subscriber's Employer: _____

Insurance Plan Name: _____

Name of Physician: _____ Physician's Phone #: _____

Directions: Please CIRCLE the appropriate answer – YES or NO and COMPLETE COMMENTS if needed

- Yes No Is your child currently under the care of a physician? Reason: _____
- Yes No Is your child's immunization current?
- Yes No Is their Tetanus Vaccination current? Date of last Booster: _____
- Yes No Has your child ever had problems with Heat? (stroke, exhaustion, etc.)
- Yes No Do they have frequent Nausea or Vomiting?
- Yes No Do they have Hemophilia or a Bleeding Disorder?
- Yes No Do they have Diabetes?
- Yes No Do they have Anemia?
- Yes No Have they ever had Rheumatic or Scarlet Fever?
- Yes No Have they ever been told they have a Heart Murmur?
- Yes No Do they have any Heart Problems? If Yes, please explain: _____
- Yes No Do they have High Blood Pressure?
- Yes No Do they have any Kidney or Liver Disease? If Yes, please explain: _____
- Yes No Do they or have they ever had Tuberculosis? If Yes, when: _____
- Yes No Have they ever had a Tumor, Growth, or Cancer? If Yes, please explain: _____
- Yes No Do they have Asthma? Please comment: _____
- Yes No Have they ever had Hepatitis? Please list type of hepatitis: _____
- Yes No Do they have HIV or Aids?
- Yes No Have they ever had a Stroke?
- Yes No Do they have Occasional Dizziness?
- Yes No Do they ever Faint?
- Yes No Have they ever had Seizures or Epilepsy?
- Yes No Do they have any Artificial Joints or Pins or Screws in any of their bones? If Yes, please explain: _____
- Yes No Have they ever been told they need to be PRE-MEDICATED for any Invasive Treatment?
- Yes No Do they have any Food Allergies? Please list and explain allergic reaction(s) _____
- Yes No Have they ever been Stung by any type of Bee?
- Yes No Have they ever had an Allergic Reaction to a Bee Sting? If Yes, please explain: _____
- Yes No Are they Allergic to any Medications such as penicillin, sulfur drugs, pain killers, etc?
Please list allergies to medications: _____
- Yes No Are they taking any Medications? Please list: _____

Is there any information an attending physician should know if he/she are treating your child on an emergency basis without your presence?

