

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

Name of Minor: _____

LIST ALL SWIMMERS IN FAMILY HERE

I AUTHORIZE any Cypresswood Swim Team Coach or Swim Team Committee Official (the "Adult") to consent to medical treatment of such minor when I cannot be contacted to so consent, such medical treatment to include, without limitation, x-ray examination, anesthetic, medical, dental or surgical examination or treatment and general hospital care. Nor prior determination of life-threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization.

I SPECIFICALLY CERTIFY AND AGREE THAT:

--Except as indicated at the end of this paragraph, 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 the Adult to give specific consent to any and all such examination, treatment or hospital care.

(Exception: _____)

--The possession of the original of this Authorization by the Adult is evidence that he has care and control of such minor that I cannot be contacted.

--I will indemnify and hold harmless from any expenses or claims of any nature any entity which provides or causes to be provided examination, treatment or hospital care pursuant to this Authorization (except to the extent such entity is negligent therein) and conditionally agree to make or cause to be made, by assignment of third party benefits or otherwise, full and complete payment for such examination, treatment or hospital care.

--I am the person having the power to consent to medical treatment of such minor.

--This authorization shall remain effective for a period of one (1) year from its signing, unless sooner revoked by the physical destruction of the original hereof, such destruction being the only method of actual notice of the revocation of same.

--All blanks in this Authorization were filled in before I signed this Authorization.

Signature _____

Date _____

Witness _____

EMERGENCY INFORMATION

In case of an emergency and parents cannot be located, please list the person the coaches should contact:

Name _____ Telephone (H) _____
(O) _____

Address

Describe any medical conditions of which the coaches should be aware.

SHARKS