

CSI MEDICAL AUTHORIZATION AND RELEASE FORM

NAME OF SWIMMER:

AGE:

AUTHORIZATION AND RELEASE IN CASE OF EMERGENCY:

I hereby authorize the individuals listed below to act for me, and in my behalf, according to their best judgment in any emergency requiring medical attention to be administered to my child, until such time as I may be contacted. USA Swimming, Inc. (USA-S), Connecticut Swimming, Inc. (CSI), such individuals and anyone relying upon this authorization is hereby released from any liability to me or my child from decisions made by such individuals pursuant to this authorization and release. This release and authorization is effective until revoked by me in a writing delivered to the affected persons. I hereby assume full responsibility for payment of any medical treatment or related services incurred in connection with such emergency. If my child is injured while participating on the Zone Team Trip, I and my child agree to waive any legal claim against USA-S, CSI, the coaches and volunteer personnel accompanying the Zone Team.

GOOD HEALTH REPRESENTATION:

I represent and agree that my child is in good health and physical condition. I am unaware of any disease or injury that could result in his/her health being jeopardized during swim team activities.

I have below indicated any special health, medical or physical conditions, including any required medication (and schedule thereof), of my child which should be known by the CSI coaches and chaperones, the doctor, or the nurse. (If your child suffers from a serious or life-threatening illness; please expand on the back of this page.)

Allergies:

Medical problems:

Medication (even if swimmer takes on own)

IMPORTANT: PARENTS: Please provide specific medication and dosage information to the Zone coordinator prior to leaving for Zones. If swimmer takes own medication we MUST know what medications they are taking and how often.

PLEASE CHECK THE FOLLOWING WHICH APPLIES:

My child may take Tylenol

For 11/0 swimmers only: My child has permission to shave. (Swimmer must provide razor.)

It is important that all medical information be given to avoid any possible problems during the trip. THIS FORM MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN OF THE SWIMMER LISTED ABOVE.

Signature:

Date:

Address:

Phone:

Alternate Phone:

Swimmer's Physician:

Phone:

Swimmers Health Insurance Company(ies) and Policy #

Your Hotel and Phone Number: