

JCC Karishim Swim Team

Emergency Medical Authorization

September 1, 2011-August 31, 2012



ATHLETE NAME _____

Birth date _____

Father's name _____ Contact phone _____

Mother's name _____ Contact phone _____

Home address _____

Home phone _____

Emergency contact name _____

Best phone # to reach him/her _____

Is your child allergic to any medications? yes no

If yes, which medications _____

Do they need, or carry, an epi pen? _____

I give my consent for emergency medical treatment deemed necessary by medical personnel. If necessary, transportation in an ambulance is authorized. I understand that this authorization will be used only when the parent/guardian cannot be contacted.

Signature

Date