

# Kodiak Kingfishers Swim Club

## 2008/2009 Medical Authorization

To whom it may concern:

As a parent and/or guardian, I authorize the medical treatment of the minor below by a licensed medical doctor. Treatment is authorized only in the event of a medical emergency, which may, in the opinion of the doctor.

- a) endanger his/her life
- b) cause disfigurement, physical impairment or undue discomfort if treatment is delayed.

In the case of off island travel with the Kodiak Kingfishers I give consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by Physician, qualified nurse, and/or hospital in the event of illness or injury during all periods of time in which the swimmer is away from his/her legal residences as a member of the Kodiak Kingfisher Swim Club.

***This authorization is granted only if a reasonable effort has been made to reach me.***

Name of swimmer (s): \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Address (physical) \_\_\_\_\_

Phone Numbers Home: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical allergies, chronic illnesses or other conditions that we should be aware of:

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 2008/2009 Travel Authorization

The below named child has my permission to travel with the Kodiak Kingfishers Swim Club and participate in all scheduled activities for the 2008/2009 swim season.

Name of swimmer (s): \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_