

BIRMINGHAM BLOOMFIELD ATLANTIS SWIM CLUB

TREATMENT PERMISSION FORM

NAME _____
Last First

Dear parents,

Sometimes it is difficult to reach either parent in the case of an emergency involving your minor child. Hospitals have the legal right "to save the life or limb" so no child's life is in danger when a parent cannot be contacted. However, unnecessary delays can occur in less than critical cases. This can happen since some hospitals feel the obligation to wait until a parent is present before initiating treatment. Some physicians insist on direct parental permission. Local hospitals may, in some cases, be willing to proceed in the absence of a parent if a WITNESSED SIGNATURE is available, "to take such action and give such treatment as they deem advisable for your child's comfort and well being." If you wish to have such permission on file, please have this form witnessed and forwarded to your child's coach.

In case of an injury or illness, not necessarily amounting to an emergency involving my son/daughter _____ when neither parent can be reached at the phone numbers shown on this form, we authorize the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for our child's comfort and well-being.

Witness	Date	Signature of Parent
		Home Phone: _____
		Work Phone: _____
		Other (cell/pager): _____

ADDITIONAL INFORMATION

Family Physician: _____		
Name	Address	Phone

Family Dentist: _____		
Name	Address	Phone

Hospital Preference: _____		
Name	Address	Phone

History of chronic illness, allergies, etc. _____

Taking any medications currently? _____

Insurance Company _____ Number _____

If parents cannot be reached, please identify 2 people who your child may ride home with in case of emergency.

Name _____ Phone _____

Name _____ Phone _____