

CALGARY WINTER CLUB SEASPRITES SYNCHRONIZED SWIM CLUB

EMERGENCY TREATMENT AUTHORIZATION FORM

In the event of any emergency involving my child, _____
(**child's full name**) where I can not be reached at any of the following numbers, I authorize the coach or
aide to seek medical attention for my child. This permission is effective for the swim session September 1,
2007 to August 31, 2008

HOME ADDRESS: _____ POSTAL CODE: _____

HOME TELEPHONE NO.: _____

MOTHER'S NAME: _____ ADDRESS: _____

PHONE NO: hm _____ wk _____ CELL : _____

MOTHER'S PLACE OF EMPLOYMENT/ADDRESS: _____

FATHER'S NAME: _____ ADDRESS: _____

PHONE NO: hm _____ wk _____ CELL: _____

FATHER'S PLACE OF EMPLOYMENT/ADDRESS: _____

ATLERNATE EMERGENCY NAME: _____ PHONE NO: _____

RELATIONSHIP TO CHILD: _____ CELL NO: _____

DOCTOR'S NAME: _____ DOCTOR'S PHONE NO: _____

CHILD'S HEALTH CARE NO: _____ **CHILD'S DATE OF BIRTH:** _____

Does your child have any allergies (food, medicines, environmental)? YES _____ NO _____

If yes, please list: _____

Does your child have any medical conditions we should be aware of (e.g. asthma, epilepsy, etc)?

YES _____ NO _____ If yes, please list _____

List any medications currently being taken; _____

Date of last tetanus shot: _____

Parent Name (please print)

Signature

Date