

**Seacoast Swimming Association**

**MEDICAL AUTHORIZATION**

I/WE AUTHORIZE THE SEACOAST SWIMMING ASSOCIATION AND ITS EMPLOYEES/CHAPERONES TO SEEK EMERGENCY MEDICAL TREATMENT FOR MY/OUR CHILD/CHILDREN LISTED BELOW FOR ANY CONDITION OR INJURY ARISING FROM SAID CHILDREN'S PARTICIPATION IN SSA ACTIVITIES. I/WE FURTHER AUTHORIZE ANY MEDICAL PROVIDERS TO PROVIDE SUCH TREATMENT.

I/WE UNDERSTAND THAT PRIOR TO PROVIDING SUCH MEDICAL TREATMENT, REASONABLE EFFORTS WILL BE MADE TO CONTACT THE UNDERSIGNED.

CHILDREN:

MEDICAL INSURANCE INFORMATION:

COMPANY:

IDENTIFICATION NUMBER:

PARENT/GUARDIAN SIGNATURE:

DATE:

A copy of your health insurance card would be appreciated especially if your swimmer attends team travel meets.

Please inform the coaches and list any medical problems, allergies, or physical handicaps of which they should be aware. It would be most helpful to have the information in writing for the coaches.

Swimmer's Doctor:

Telephone Number:

MEDICATION LIST:

MEDICAL LIMITATIONS: