

VICTORIA SYNCHRO MEDICAL / EMERGENCY TREATMENT FORM



Athlete's / Swimmer's Name: _____

Swimmer's Birth date: _____

Home Address: _____

Home Phone: _____

Mother's Name _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Place of Employment: _____

Father's Name _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Place of Employment: _____

Alternate Emergency Contact – Name: _____

Relation: _____

Home Phone # _____ Cell Phone # _____

Doctor's name: _____ Phone # _____

Swimmer's BC Care Card Number: _____

Allergies: () yes () no. If yes, please list below (any type):

Medical Problems / Issues: Does the swimmer have any medical problems or issues which should be known

() Yes () No Please List: _____

Medications: List any medications currently being taken: _____

Do you give permission for your daughter/son to be administered Tylenol: () YES () NO

AS THE PARENT OR GUARDIAN, UNDER CIRCUMSTANCES BELOW, I HEREBY AUTHORIZE THE ADULTS IN CHARGE OF THE TEAM, TO SECURE SUCH MEDICAL ADVICE AND SERVICES AS MAY BE DEEMED NECESSARY FOR THE HEALTH AND SAFETY OF MYSELF OR MY DAUGHTER/SON (OR WARD) _____ AND I AGREE TO ACCEPT FINANCIAL RESPONSIBILITY IN EXCESS OF THE BENEFITS ALLOWED BY PROVINCIAL HEALTH INSURANCE PLAN:

1. Where health and well being of the person is involved;
2. Where medical advice has been such that further services are required, services which require the consent of the parent or guardian;
3. Where all attempts to contact the parent or guardian have failed or where due to the nature of the emergency, there is insufficient time to contact such parent or guardian.

IT SHALL BE AT THE DISCRETION OF THE ADULTS IN CHARGE OF THE TEAM AS TO WHAT STEPS MUST BE TAKEN FOR THE WELFARE AND SAFETY OF MYSELF OR MY DAUGHTER/SON.

Print Name:	Signature:	Date:
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