

## Authorization to Consent to Emergency Treatment of Minor

I/we, the undersigned parent(s)/legal guardian(s) of \_\_\_\_\_, USA Swimming Registration # \_\_\_\_\_, a minor, do hereby authorize Oregon Swimming Select Camp Head Coach, Team Managers and Coaching staff as agents for the undersigned to act on my behalf to consent to any emergency transport, x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable, and is to be rendered under the general supervision of any licensed physician and surgeon when parent or legal guardian cannot be immediately contacted. I/we grant permission to the physician and/or appropriate medical personnel to attend to my child. In addition, I/we grant permission to the physician/Zone staff to **release and receive** medical information pertaining to the necessary treatment of my child. This information may be transmitted via telephone, personal interview, electronic mail, postal service, fax or other form of media not listed here. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the agent to give specific consent to any and all such emergency diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

### Parents' Permission/ Acknowledgement of Risk for Athletic Participation

As the parent(s)/legal guardian(s) of the above-named student-athlete, I/we give consent for his/her participation in Oregon Swimming's program and athletic events. I know that the risk of injury to my child comes with participation in sports and during travel to and from meets. I/we have had the opportunity to understand the risk of injury during participation in sports through meetings, written information, or by some other means. My/our signature(s) below indicates that to the best of my/our knowledge, my/our answers to the below questions are complete and correct.

I/we give consent for the Oregon Swimming Zone staff to **release** such information regarding my child's records that pertain directly to athletic participation with Oregon Swimming.

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(Parent/Legal Guardian Signature)

(Date)

### Emergency Information

Athlete's Name: \_\_\_\_\_

#### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Patient ID# \_\_\_\_\_

Phone # of insurance company to obtain authorization for emergency treatment: \_\_\_\_\_

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(Parent/Legal Guardian Signature)

(Date)

## 2023 Oregon Swimming Camp Participant Athlete Medical History/Permission to Treat

### Allergies and Sensitivities

Is there a history of any reaction or sickness following injection or oral administration of (fill yes or no):

|  |     |    |
|--|-----|----|
| Penicillin                                     | YES | NO |
| Morphine, Codeine, Demerol, or other Narcotics | YES | NO |
| Novocain or other Anesthetics                  | YES | NO |
| Aspirin, Emperin or other Pain Remedies        | YES | NO |
| Sulfa Drugs                                    | YES | NO |
| Tetanus, Antioxin or other Serums              | YES | NO |
| Adhesive Tape                                  | YES | NO |
| Iodine or Methiolate                           | YES | NO |

Any other drug or medication allergies? (Describe) \_\_\_\_\_

Any food allergies such as gluten, eggs, milk, chocolate? (Describe) \_\_\_\_\_

Any special diet? (Describe) \_\_\_\_\_

Allergy to insect bites, bee stings, other? (Describe) \_\_\_\_\_

Date of last Tetanus booster: \_\_\_\_\_

### Drugs Taken Recently

Within the past 6 months has athlete taken:

|   |     |    |
|---|-----|----|
| Cortisone ACTH                                | YES | NO |
| Anticoagulants                                | YES | NO |
| Tranquilizers                                 | YES | NO |
| Hypotensive (high blood pressure medications) | YES | NO |

Has athlete ever received treatment for:

|                 |     |    |
|-----------------|-----|----|
| Asthma          | YES | NO |
| Rheumatism      | YES | NO |
| Rheumatic Fever | YES | NO |

Other physical conditions of which we should be aware of? List Condition(s):

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May the following be given to my child for the immediate relief of pain/illness?

|                                  |     |    |
|----------------------------------|-----|----|
| Pepto Bismol or similar products | YES | NO |
| Advil or Motrin                  | YES | NO |
| Tylenol                          | YES | NO |
| Tums or similar products         | YES | NO |
| Benadryl                         | YES | NO |
| Cough Drops                      | YES | NO |

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(Parent/Legal Guardian Signature)

(Date)