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.

_____

(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: _____

_____ _____

(Parent/Legal Guardian Signature) (Date)

2024 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):

_____

_____

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

_____

(Parent/Legal Guardian Signature) (Date)

*****Attach copy of medical insurance card to application*****