

# M.I.C.C. Teams

## Consent for Medical Care and Treatment

\*Only a parent or legal guardian may give this authorization.

CIRCLE THE TEAM(S) YOUR CHILD(REN) ARE REGISTERING FOR:

Swim

tennis

dive

waterpolo

If your child needs emergency treatment and is under the age of 18, hospitals are required by law to reach you for authorization in order to medically treat your child, except under life threatening situations.

If you are not available to sign the consent at the time of the injury, and all other attempts have been made to reach you within a reasonable period of time, you can insure emergency treatment for you child by using the *Consent for Medical Care and Treatment form*.

This form provides consent to the coaches as well as the Mercer Island Country Club to seek medical assistance for your child in the case of a medical emergency. In addition, it will help to educate coaches regarding any medical conditions that your child may currently have to prevent emergency situations from occurring. The information on this form will be kept with the coaches.

I \_\_\_\_\_ hereby authorize all diagnostic, medical, surgical and hospital procedures as may be performed or prescribed by a treating physician for \_\_\_\_\_ if I cannot be reached in the case of an emergency.

(Print full name of child)

X \_\_\_\_\_  
(Signature of parent or legal guardian) (Date Signed)

Please complete the following information:

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE (mother): \_\_\_\_\_ WORK PHONE (father): \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREFERRED HOSPITAL TO USE IN CASE OF AN EMERGENCY \_\_\_\_\_

List any medical or physical limitations child may have:

Asthma  Glasses or Contacts  Surgery within the year  Heart Murmurs

Allergies  Bleeding tendencies  Head injuries within the year  Serious Illnesses

Diabetes  Fractures within the year  Dental Braces or Bridges  Seizures

If any of the above were checked, please specify here: \_\_\_\_\_

Special instructions relative to seizures: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

Other: \_\_\_\_\_