

## **PARENT'S MEDICAL AUTHORIZATION and RELEASE FORM**

I hereby give permission for the West Valley Aquatic Team coaching staff, consisting of Timothy Smith, Ray Huff and Shawn Marsing, to authorize any and all medical attention necessary to be administered to my child (name) \_\_\_\_\_ in the event of accident, injury, sickness, or other medical issue, while he or she is traveling with the West Valley Aquatic Team to Missoula, Montana, until such time as I may be contacted.

If neither of the persons designated below as emergency contacts can be reached, I hereby give permission for medical treatment of my child, including but not limited to hospital tests, emergency surgical care, pathology, radiology and anesthesia, and prescription drugs, as determined to be necessary by the appropriate health care professional providing treatment.

I understand and agree that by signing this Parent Medical Authorization and Release Form, I hereby release, discharge and hold harmless West Valley City and the West Valley Aquatic Team from any and all claims, causes of action and liability of any kind or nature, including personal injuries or death in any way arising out of, directly or indirectly, my child's participation in this trip to Missoula, Montana. I understand that this Medical Authorization and Release Form will be binding on me, my spouse, my heirs, my personal representatives or assigns, my children and any guardian ad litem for said children.

This Release is effective from (date) \_\_\_\_\_ to \_\_\_\_\_.  
I hereby assume responsibility for payment for such medical treatment, and have listed my child's insurance information below.

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**EMERGENCY CONTACT AND MEDICAL INFORMATION:**

<p><b>Name of Child:</b> _____</p> <p><b><u>Parents' Information:</u></b></p> <p>Parent Name: _____</p> <p>Parent Home Phone: _____</p> <p>Parent Cell Phone / Pager: _____</p> <p>Parent Name: _____</p> <p>Parent Home Phone: _____</p> <p>Parent Cell Phone / Pager: _____</p> <p><b><u>Additional Emergency Contact:</u></b></p> <p>Name: _____</p> <p>Home Phone: _____</p> <p>Cell Phone / Pager: _____</p> <p><b><u>Medical Insurance:</u></b></p> <p>Insurance Company: _____</p> <p>Policy or Group Number: _____</p> <p>Child ID Number: _____</p> <p>Date of Birth: _____</p> <p>Preferred Hospital: _____</p> <p>Personal Physician Name: _____</p> <p>Personal Physician Phone Number: _____</p> <p><b><u>Allergies:</u></b></p> <p>Please list any known allergies:</p> <p>_____</p> <p>_____</p> <p><b><u>Medications:</u></b></p> <p>Please list any medications your child takes:</p> <p>_____</p> <p>_____</p>	<p><b>Please include any comments or special instructions for medical treatment:</b></p>
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