

MILFORD AREA SWIM TEAM (MAST) SWIMMER EMERGENCY MEDICAL AUTHORIZATION	Swimmer Name _____ Street _____ City, ST Zip _____ Home Phone _____
The purpose of this form is to enable parents to authorize emergency treatment for swimmers who become ill or injured while under MAST authority, when parents cannot be reached. This form is not intended to authorize release of a swimmer; it is for emergency medical authorization only.	

PLEASE PRINT ALL PARENTS/GUARDIANS (write "same" if same as preceding name), PLUS OTHERS IF NEEDED

Name & Relation to Swimmer	Mailing Address	Phones	E-mail Addresses
1	Street:	Home:	Home:
		Work:	Work:
	City, ST Zip	Cell:	Cell:
		Pager:	Pager:
2	Street:	Home:	Home:
		Work:	Work:
	City, ST Zip	Cell:	Cell:
		Pager:	Pager:
3	Street:	Home:	Home:
		Work:	Work:
	City, ST Zip	Cell:	Cell:
		Pager:	Pager:
4	Street:	Home:	Home:
		Work:	Work:
	City, ST Zip	Cell:	Cell:
		Pager:	Pager:

COMPLETE EITHER PART I OR PART II – DO NOT COMPLETE BOTH PARTS

PART I – TO GRANT CONSENT - In the event reasonable attempts to contact any of the parents, relatives or friends listed above have been unsuccessful, I hereby give my consent for: <ul style="list-style-type: none"> the administration of any treatment deemed necessary by the preferred physician or dentist, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and the transfer of the swimmer to the preferred hospital or any hospital reasonably accessible. I further give consent to treatment of the child during transportation by the Milford/Miami Township Life Squad or other available medical technician/ambulance to the doctor/dentist office or hospital designated below. 	
Preferred Physician	Phone
Preferred Dentist	Phone
Preferred Hospital	Phone
This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring the necessity for such surgery, are obtained before surgery is performed.	
Facts concerning the swimmer's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:	
Signature or Parent/Guardian	Date

PART II – REFUSAL TO GRANT CONSENT – I do not give my consent for emergency medical treatment of my swimmer. In the event of illness or injury requiring emergency treatment I wish the MAST organization to take no action or to:	
Signature or Parent/Guardian	Date