Juniper Lane Swim Club
Medical Consent Waiver

PARENT / GUARDIAN AUTHORIZATION:
I / we authorize Juniper Lane Swim Club personnel to treat my children under the age of 18 years old in the event of an emergency medical condition.

If, in the event of an emergency, our family physician is not available to provide medical services I / we authorize

_____

_____
(print names of children)

to be treated by another available physician.

Member Name: ___ _____

Address: _____

Daytime Telephone: _____

Cell phone: _____

Family Physician

Name: _____

Telephone: _____

Emergency Contact (Over age 18):

Name: _____

Telephone: _____

Member Signature: _____

Date: _____

Please also complete Behavior Agreement form and present both forms to the Lifeguard on Duty.