



ARLINGTON FOREST CLUB SWIM TEAM

2007 Authorization for Emergency Treatment

I _____, hereby authorize Arlington Forest Club, any physician member of the Department of Emergency Medicine, and/or Emergency Medical Technicians to render medical treatment, which in his/her judgment may be deemed necessary in the emergency care of _____.

NAME OF CHILD/CHILDREN

SIGNATURE OF PARENT/GUARDIAN

DATE

Medicines Child is Taking (if any, specify child) _____

Date of Last Tetanus Shot (specify child) _____

Allergies (specify child) _____

Other (specify child) _____
