

Owensboro Country Club Thoroughbreds Swim Team

Medical 2022 Treatment Authorization Form

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should be turned in before the first day of practice.

Swimmer 1

Full Legal Name: _____

Home Address: _____

Date of Birth _____ Gender: Female _____ Male _____

Information for Medical Treatment

Physician's Name and Location of Practice:

Physician's Phone Number _____

Please not all conditions for which the child is currently receiving treatment:

Note any other significant medical information: _____

Swimmer 2

Full Legal Name: _____

Home Address: _____

Date of Birth _____ Gender: Female _____ Male _____

Information for Medical Treatment

Physician's Name and Location of Practice:

Physician's Phone Number _____

Please not all conditions for which the child is currently receiving treatment:

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Note any other significant medical information: _____

Swimmer 3

Full Legal Name: _____

Home Address: _____

Date of Birth _____ Gender: Female _____ Male _____

Information for Medical Treatment

Physician's Name and Location of Practice:

Physician's Phone Number _____

Please not all conditions for which the child is currently receiving treatment:

Note any other significant medical information: _____

Swimmer 4

Full Legal Name: _____

Home Address: _____

Date of Birth _____ Gender: Female _____ Male _____

Information for Medical Treatment

Physician's Name and Location of Practice:

Physician's Phone Number _____

Please not all conditions for which the child is currently receiving treatment:

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Note any other significant medical
information: _____