

# *2023 Owensboro Country Club Thoroughbreds Swim Team*

## *Medical 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:

\_\_\_\_\_

\_\_\_\_\_

Note any other significant medical

information: \_\_\_\_\_

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### **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:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Note any other significant medical  
information: \_\_\_\_\_