

**The Country Club of Owensboro Thoroughbreds Swim Team
Medical 2021 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.**

Minor

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 # (if known): _____ Medical Insurer/Health Plan: _____

Allergies to Medications: Allergies (Other) _____

Please note **all** conditions for which the child is currently receiving treatment: _____

Note any other significant medical information: _____
