



Consent for Emergency Medical Treatment

I, _____, give permission to the officials and coaches of British Columbia Artistic Swimming and Victoria Artistic Swimming to make decisions concerning medical care and treatment, and where necessary to authorize such care and treatment in emergency situations.

I understand that the officials and coaches of British Columbia Artistic Swimming and Victoria Artistic Swimming will make every reasonable effort, in the circumstances, to contact me regarding my child's/ward's medical status in the event an emergency arises. If I cannot be reached in an emergency, I hereby give my permission to the licensed physician, dentist, athletic therapist, nurse, or other medical professional whose services might be required to provide medical care and treatment.

By signing here, I indicate that I have the understanding and capacity to communicate health care directives for my child/ward and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the officials and coaches of British Columbia Artistic Swimming (this includes coaches of Victoria Artistic Swimming).

Participant Name:

Please PRINT

Parent/Guardian Name:

if Participant is a minor

Signature:

(Participant or Parent/Guardian if individual is a minor)

Date:

(dd/mm/yy)

