



2020 CAROLINAS DIVERSITY/INCLUSION SELECT CAMP



MEDICAL CONSENT FORM

(PRINT NAME) \_\_\_\_\_

In the event an injury occurs during the Carolinas Diversity/Inclusion Select Camp, permission is granted to the coaching staff to provide needed First Aid treatment to such an injury. In the event an emergency situation arises, permission is granted to the coaching staff to provide the needed emergency treatment to the athlete prior to the athlete admission to a medical facility.

Permission is also granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunization for the above athlete name printed. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the camp coaching staff or the attending physician to contact me in the most expeditious way possible. If the camp coaching staff or physician is not able to communicate with me, the treatment necessary for the best interest of the above-named athlete may be given.

The Carolinas Diversity/Inclusion Select Camp coaching staff will not be responsible for any medical expenses incurred as a result of injury. USA Swimming/NC Swimming and/or the parent/guardian of the above-named athlete will assume financial responsibility for the professional medical service rendered. However, all athletes must be currently registered with NC Swimming and USA Swimming.

Parents or Guardian Signature: \_\_\_\_\_

Contact Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Is your child allergic to any medications: [YES] or [NO]

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

Parent Signature: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_