

### BOARDMAN TENNIS & SWIM CLUB Emergency Medical Form

This form must be completed (please print) before a child is permitted in the water or on the court.

Membership Number: \_\_\_\_\_ Swim Team \_\_\_\_\_ Tennis Team Father's

Name: \_\_\_\_\_ Father's Address: \_\_\_\_\_ Home

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/Female (circle) T-shirt Size \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/Female (circle) T-shirt Size \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/Female (circle) T-shirt Size \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/Female (circle) T-shirt Size \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/Female (circle) T-shirt Size \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Emergency Contacts (other than parents):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all allergies, medications, physical impairments, conditions, asthma, etc:

---

\*If your child uses an inhaler or EpiPen, please make sure it is with your child, or available at the club.

I hereby give consent to BTSC to apply first aid treatment to my child(ren) in case of emergency until a doctor can be notified: \_\_\_ Yes \_\_\_ No

In the event the designated physician is not available, I hereby give my consent to BTSC to secure another licensed physician: \_\_\_ Yes \_\_\_ No

I hereby authorize BTSC personnel to secure an ambulance or other emergency response vehicle to transport my child(ren) listed above to the preferred hospital listed above or to any hospital that is reasonably accessible.  
\_\_\_ Yes \_\_\_ No

Note: This authorization DOES NOT cover major surgery unless the medical opinions of two licensed physicians or dentists find it necessary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_