



## Consent for Emergency Medical Treatment

I, \_\_\_\_\_, give permission to the officials and coaches of British Columbia Artistic Swimming and <<Insert Club Name>> 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 <<Insert Club Name>> 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.

**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)