ASHLAND WATER POLO (ALSO known as SOUTHERN OREGON WATER POLO) MEDICAL INFORMATION

Please complete BOTH PAGES of this form, sign and return.

Athlete's Name_____________________________________DOB__________

Medical "Consent to Treat" Form

I hereby give "consent to treat" the above-named athlete for routine medical problems and minor injuries. This consent for treatment is in effect during the times that this athlete is practicing for or playing with Southern Oregon Water Polo Club. Furthermore, I understand that in cases of serious injury or emergency, the Southern Oregon Water Polo staff will attempt to contact me immediately and will transport my child to the nearest hospital. I also understand that there is ***no medical or hospitalization insurance*** *provided by the program and that all medical costs are the responsibility of parents/guardians.*

___________________________ ___________________________

Print Name of Parent/Guardian **Signature** of Parent/Guardian

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Address of Parent/Guardian

___________________________ ___________________________

Home Phone Work/Cell Phone

___________________________ ___________________________

Emergency Contact Name Emergency Contact Phone

Name of Insurance Carrier ____

Name on Policy ____

Policy number____

*****SEE NEXT PAGE FOR SPECIAL MEDICAL INSTRUCTION FORM*****

SPECIAL MEDICAL INSTRUCTIONS

Student's Name__________________________ Age________Grade________

Name of Physician____

Physician's Phone Number ____________________________

KNOWN ALLERGIES:

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INSTRUCTIONS PROVIDED BY YOUR DOCTOR ARE NECESSARY IF YOUR CHILD IS TO TAKE PRESCRIPTION MEDICATION.

TO BE COMPLETED BY PARENT/GUARDIAN:

In the absence of trained medical personnel, I hereby authorize any person designated by the Southern Oregon Water Polo staff to administer or supervise self-administration of the following medication.

I agree to send the medication properly labeled with the student's name, name of medication, time to be taken/given, amount of dosage, and doctor's name.

MEDICATION	DOSE	TIME	DIRECTIONS

____________________________________ ____________________

Signature of Parent/Guardian Date