

Consent to Treat

I, the parent/guardian of _____,

hereby allow my child/children to participate in the Cupertino Sharks Swim Team.

I hereby release and hold harmless Cupertino Hills Swim and Racquet Club, its officers, directors, employees and agents from any and all liability that could arise to my child/children by participation in this activity.

I hereby authorize Cupertino Hills Swim Team through the adult person in whose care my child has been entrusted to consent to any emergency x-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care under the supervision of and as deemed advisable by a physician licensed under the Medical Practice Act. This authority is given in advance as pursuant to section 25.8 of the California Civil Code and shall remain in effect throughout the swim team activity described herein.

Please list any medical concerns or allergies

Medical insurance carrier _____ ID# _____

Emergency contact information:

Doctor's name _____ Phone number _____

Parent's name _____ Phone number _____

Cell phone # _____ Other # _____

Other emergency contact name _____

Phone number _____

Parent/Guardian Signature _____ Date _____