



## Southern California Swimming (SCS) Release & Medical Authorization Form

**RELEASE FROM LIABILITY:** should the parent/guardian or the swimmer suffer any injury arising from being a member or participating with \_\_\_\_\_ swim meet or USA Swimming, we hereby and in advance waive, release and forever discharge all rights or claims for damages which the swimmer or the parent/guardian may possess against \_\_\_\_\_, its staff, officers, directors, agents or representatives. This release shall be binding on the swimmer, his/her parents and their heirs, executors/administrators, agents and assignees.

**MEDICAL AUTHORIZATION:** Pursuant to Civil Code 25.8, the parent/guardian authorizes to any coach or officer of \_\_\_\_\_, to arrange for medical and dental care of \_\_\_\_\_ and give oral or written consent on behalf of the injured, for medical and dental treatment including surgery by a licensed physician. The parent/guardian agrees to be responsible for all such charges.

Family Physician or Specialty Physician: \_\_\_\_\_

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

Address: \_\_\_\_\_

Health Insurance  
Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Copy of Card: Y or N  
Attached

**ALLERGIES**(food,medications): \_\_\_\_\_

**REQUIRED MEDICATIONS:** (i.e. epi-pen, inhaler) \_\_\_\_\_

Medications currently taking (including vitamins): \_\_\_\_\_

Parent Name (Printed)

Parent Signature

Date