

**ARIZONA AQUA STARS**  
**Synchronized Swim Team**  
**MEDICAL TREATMENT RELEASE FORM**

**TO WHOM IT MAY CONCERN:**

I, \_\_\_\_\_, as parent/guardian(s) of a minor child, grant permission for said minor child \_\_\_\_\_, whose date of birth is \_\_\_\_\_, to travel unaccompanied by a parent/guardian with the Arizona Aqua Stars synchronized swim team. I/we consent to any x-ray examination, medical or surgical diagnostic or treatment procedure deemed necessary by the emergency physician(s) on duty at a licensed hospital within the United States.

It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage said physician(s) to exercise their best judgment as to the requirement(s) of such diagnosis or treatment.

This consent shall remain effective for one year unless sooner revoked in writing and delivered to said physician(s).

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

**INSURANCE INFORMATION:**

Policyholder Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Alternate Contact Phone#: \_\_\_\_\_

List any restrictions for medical/surgical treatment. List any allergies, special needs, or medical problems or conditions: \_\_\_\_\_

\_\_\_\_\_

